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A CLINICAL LECTURE.

REMOVAL OF THE UTERUS PER VAGINAM; REMOVAL OF THE OVARIES; IRREGULAR MENSTRUATION; DYSMENORRHŒA; CONVULSIONS.

BY WILLIAM GOODELL, M.D.,
Professor of Gynæcology at the University of Pennsylvania.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: The first case which I bring before you is the woman from whom I removed the uterus by the vaginal operation two weeks ago. You will recall the fact that there was hypertrophic elongation of the supravaginal portion of the cervix, and that the lower portion of the neck had undergone epitheliomatous degeneration. The os was outside of the vulva, while the fundus was high in the pelvis. My intention was to remove the epithelioma, as far as was possible, with scissors and knife, but, in doing so, I opened the peritoneal cavity. As the womb was movable, it was then decided to remove it wholly, and this was accomplished without special difficulty.

Since the operation, the patient has done perfectly well, the temperature only once reaching 100.5° Fahr. In all these cases the question arises whether to insert a drainage-tube or depend upon the ligatures for drainage. I concluded to adopt the latter plan. The vagina was lightly stuffed with corrosive sublimate cotton, which was changed twice a day. The vagina was also syringed twice a day. I shall now remove the sutures, and, as can be seen, union is perfect.

In regard to the removal of the uterus per vaginam, I am not prepared to express an opinion. In this instance, on account of the prolapse and the mobility of the uterus, the operation was not difficult. When, however, the operation is performed on a woman advanced in life, in whom the vagina is small, it becomes one of considerable difficulty. The womb has to be dragged down, and the broad ligaments are so short, that there is danger of the slipping of the ligature. There is also danger of including some important part in the ligature. The ureter has been twice included in twenty-seven operations. Both of these cases resulted fatally. This is still a young operation, and, while successful in the hands of two or three operators, it is very unsuccessful in the hands of most surgeons. This operation is not suited to those cases in which the womb is fixed, and it is extremely rare for me to see these cases of epithelioma of the cervix, until the disease, or the inflammatory processes resulting from it, have involved the adjacent tissues.

Let me call attention to the fact that the prolapse of the vagina has entirely disappeared. The parts which, at the time of operation were external, are now drawn so high that I have some difficulty in reaching the sutures. We shall keep this patient under observation and see how long she is free from the disease.

Removal of the Ovaries.—Here is a patient who was operated on two weeks ago for the removal of the right ovary, and, as the left ovary was also diseased, it too was removed. There has been a little skin abscess in the line of the incision. This I attribute to the use of the pressure forceps. These little abscesses occur more commonly in fat women than in others.

Since the operation, the patient has not complained of pain, which before the operation was a marked symptom.

I shall now have the patient removed, and show you some of the material removed from the tumor. It is colloid in character, which excites a suspicion that the disease is malignant. The presence of pain is also a suspicious sign, for in ovarian cysts pain is not often complained of. We shall, therefore, keep this patient also under careful observation.

I have here the ovaries removed from a patient who fifteen months ago had a miscarriage, which I believe was a natural one. Since then she has had great pain in the ovaries, especially the left one. We find pain referred to the left ovary more frequently than to the right. I am unable to give any satisfactory explanation for this, unless it is due to the proximity of the rectum, or to the anatomical peculiarity that the left ovarian vein empties into the renal vein. The ovaries were enlarged and exceedingly tender, and after treating her in various ways, I came to the conclusion that the only thing to be done was to remove the ovaries. I operated yesterday. As you see, the ovaries are much enlarged, and are the seat of cystic degeneration. These little cysts, by making pressure on the sensitive nerves, caused the pain. There is, in conjunction with the cystic degeneration, parenchymatous degeneration. Since the ovaries were removed, although the operation was done only yesterday, she has lost the original pain.

I also operated yesterday for the removal of the ovaries in a case of peritonitis. Some time ago the patient attempted to produce an abortion. The result was a severe peritonitis, followed, after a time, by marked hysterical symptoms, including paraplegia. After treating her for some time without much improvement, removal of the ovaries was decided upon. I operated yesterday, but did not succeed in removing the ovaries. The parts had become so matted together, as a result of the inflammation, that it was impossible to distinguish one organ from another. I thought that to persist with the operation would be more likely to cause the death of the patient than to result in her restoration to health. I hope, however, that the operation will be of service through its mental effect and through the breaking up of some adhesions.

I have here the ovaries removed from an epileptic. The attacks revolved around the menstrual periods. She finally got into such a condition that death was preferable to life under such circumstances, and both she and her husband begged me to remove the ovaries. Learning the history of the case, I decided that this should be done as a last resort. When this disease is present, I am not sure that removal of the ovaries or the testicles to stamp out the disease and prevent it from being transmitted would not be a justifiable operation. The ovaries were removed in this case. One is larger than it should be, and the other presents a cyst. The oviducts were also enlarged and filled with fluid, but these have not yet been examined. What the result of the operation will be in this case, there has not yet been time to determine.

I have repeatedly had physicians send me patients with the request that I remove the ovaries, and I have seen these patients get well under the rest-treatment, with massage, etc.; put to bed, given proper food to fatten them and medicine to strengthen them. Let me explain how this treatment does good. I have repeatedly told you that where we have nerve exhaustion we have irregular circulation. As a result, certain organs receive too much blood, while others do not receive enough. During menstrual life, the ovaries are the most exacting organs in the body. The sensitiveness of the ovaries surpasses even that of the perineum. The Scriptures allude to the "apple of the eye" as the most sensitive part of the body, but the eye will stand a cut or puncture, while, even under ether, a cut or puncture of the perineum will cause flinching. The sensitiveness of the ovaries exceeds even this. The inflamed ovary cannot be touched in the slightest way without causing great pain. Since these exacting organs invite blood to themselves, we find that when there is loss of control of the circulation they receive too much blood, and, as a result, they become turgid, heavy, sink down, and often prolapse, and in this way we get the ovarian pain. If we relieve the disturbance of circulation, if we equalize the circulation and attract the blood to other organs, or allure it to the periphery by means of massage and electricity, we remove the over-supply of blood, and the ovaries become relieved. I have seen numerous cases of recovery where the ovaries were not only prolapsed but exceedingly tender. Where patients can afford to rest and submit to treatment which is expensive, it is well to

begin the treatment in this way, but when a poor woman, who cannot afford to give up her work, comes to you, you are warranted in removing the ovaries rather than submitting her to a plan of protracted treatment which is largely experimental.

Irregular Menstruation, Dysmenorrhœa, Convulsions.—This patient is eighteen years of age, and single. Puberty occurred at the age of fifteen. Shortly afterwards the menses became menorrhagic. They are now of normal quantity, but appear only every four or five months. For the past two years she has had epileptiform convulsions and dysmenorrhœa. These spasms occur about the menstrual periods, and when they take place near the time for menstruation, the menses do not appear.

It is sometimes a difficult matter to decide whether a patient is suffering from hysterical or from epileptic convulsions. There are, however, certain little points which to me serve as landmarks. When a patient bites the tongue, I should say that, as a rule, it is a case of true epilepsy. In epilepsy they usually froth at the mouth, but do not do so in hysteria. If the eyelids are tremulous during the convulsion, I feel very confident that it is a case of hysteria. Again, in hysteria the patient usually begins with very marked nervous manifestations, whereas in epilepsy the attack usually comes on without warning. In epilepsy there may also be an aura.

In this patient, then, we have irregular menstruation with dysmenorrhœa. The indications for treatment are to make the menses regular and to relieve the dysmenorrhœa. The painful menstruation appears to have no effect upon the convulsions. She came to the hospital for the purpose of having the cervix dilated, and I should have performed the operation if I had known that she was coming. As it is, I have not my instruments with me, and the operation will have to be postponed.

It is a general impression that a woman is ill because her menses do not appear. This is not so. The menses do not appear because she is not well. The absence of menstruation is simply one of the phenomena indicating ill health. This patient's blood needs improving. Taking it all in all, I think that Blaud's pills fulfil the indications better than anything else. I also like the use of arsenic. I shall, however, not use the arsenic in this case, as the patient will not be under observation. I shall order the following:—

℞. Ferri sulphatis exsiccati.
Potassii carb. puræ . . āā 3ij.
M. et ft. pil. No. xlviii.

The original prescription directs that the pill shall be made with gum tragacanth and sugar, but this is said to be a difficult way of making the pills, and I therefore leave the selection of the excipient to the apothecary. Mucilage of gum arabic is often used, but this is incompatible with iron, causing a precipitate, and, further, a pill made with gum arabic is liable to become exceedingly hard and only soluble to a slight extent. Glucose answers the purpose better than anything else. It is said that a double decomposition with the formation of carbonate of iron and sulphate of potassium takes place in this pill. It may in the stomach, but if glucose is added this decomposition cannot take place outside of the body.

We shall order the pills to be taken in the following manner: To begin, she will for three days take one pill after each meal. On the fourth day she will take four pills, two after breakfast, and one after the other meals. On the fifth day she will take five pills, two after breakfast and dinner, and one after supper. On the sixth day she will take six pills, two after each meal. She will then continue for a week taking six pills a day. After that she must increase by one pill a day until she takes nine pills a day. These she will continue, and report in one month. The only inconvenience that is liable to result from the use of these large doses is a fulness in the head. If this should occur, the patient will lessen the dose for a day or two. This is one of the best remedies in amenorrhœa. As I have said, arsenic is a useful remedy. Fowler's solution may be given with the syrup of the iodide of iron, in the proportion of one part of the former to nine of the latter. Of this, ten drops may be given after each meal, and gradually increased to thirty drops. While this does not injure the teeth, it is apt to discolor them temporarily.

JANUARY AND FEBRUARY (1886) NUMBERS OF THE MEDICAL BULLETIN WANTED.—Any subscriber sending copies of these numbers to 1217 Filbert Street, Philadelphia, Pa., will have his subscription advanced two months for each number received by us.

ORIGINAL COMMUNICATIONS.

OPERATION FOR LATERAL DISPLACEMENT OF THE NASAL BONES.

BY WILLIAM ADAMS, LONDON.

[Reported by T. Ridgway Barker, M.D.]

AS the operative measures commonly employed for the replacement of the fragments of the nasal bones are often unsatisfactory when osseous union has occurred, I feel sure this somewhat novel and original method, which has proven so successful in the hands of Mr. Adams, both in private and hospital practice in some twenty-five cases, will be of interest to American surgeons.

The patient upon whom the operation was performed was a young Englishman 21 years of age, who five years ago was struck on the nose with such violence that the nasal bones were fractured at the junction of the upper and middle third. The swelling immediately after the reception of the injury was so great that neither the deformity nor the displacement of the septum were observed by the patient or his friends. He applied cold water to the point of injury, believing that the swelling and deformity would soon disappear, but, as the nose gradually returned to its natural proportions, the disfigurement became more and more marked. It was then that he first realized there had been a fracture of his nose, which he had neglected having attended to by a surgeon. For a number of years he worried over the affection, which he greatly magnified, finally deciding to call upon Mr. Adams for relief. His voice at this period was much altered, and his breathing considerably interfered with, owing to the deflected septum blocking up one nostril. Having undergone the preliminary treatment, he was etherized and the nose carefully examined. It was thought best to refracture the nasal bones, set them, and thus correct the deformity. The nasal bones were easily fractured by striking with a wooden mallet a piece of steel some four inches long, flattened at one end, which was covered with hard rubber and placed against the left nasal bone. Having fractured the bones, they were moulded into shape and firmly fixed by an ingenious apparatus manufactured by Mr. Ernst, of London, until union was complete. The apparatus consisted of a well-padded steel band, about an inch wide, which almost encircled the patient's head, the vacant space being filled by a silk band, which buckled on the opposite side.

From this steel headpiece passed straps over the head, and others beneath the chin, to hold it in place; in front, by steel arms, were fastened two small compresses covered with chamois skin.

The compresses were situated so as to compress opposite sides of the nose, the lower one, with a *long* arm, fixed the lower border of the nose, while the compress of the opposite side had but a short arm, and brought pressure to bear upon the nasal bones, forcing them into place and holding them there.

The distance between the compresses and their relation to each other were controlled by a key, which, on turning, lengthened or shortened the steel arms to which they were attached. The nasal bones being now in place, the straightening of the septum next claimed the operator's attention. The apparatus for correcting this deformity consisted of two pieces of ivory, each having an arm and forearm meeting at an oblique angle. The inner surface of the right and left wings were convex, the greater convexity being upon the side to which the septum was deflected, in order to press the septum to the opposite side. The wings were fastened by steel rods to a central pivot, around which they could be moved when it was desired to have them approach or recede, according to the size and shape of the nasal cavity. The "nasal ivory plugs" were easy of introduction, and were productive of scarcely any pain or annoyance. This dressing was left in place for several weeks, since, by the regulating screws, the angle or position of the compresses and nasal plugs could be effected without removal of the outer dressing.

The bruising of the tissues resulting from the force necessary to fracture the nasal bones was not great, and there were no unpleasant after-effects. The hemorrhage was very slight and soon ceased of its own accord. Cold wet compresses of absorbing lint completed the outer dressing, for the purpose of controlling subsequent inflammatory action.

A Prosperous Sign.—The Medical Bulletin has enlarged its edition and gained over fourteen hundred new subscribers since January 1, 1886, owing to its intrinsic merits. This is very gratifying to us and advantageous to our advertisers.

THE BEST DOCTOR FOR THE COMMONWEALTH.*

BY J. P. THOMAS, M.D.

GENTLEMEN of the Medical Society of the State of Kentucky: As a higher standard for legitimate medicine, the suppression of quackery in every form, and the progress of State medicine—are, or should be, among the principal objects of all scientific medical bodies —and especially one, composed as this is, of the majority of the best medical talent of the Commonwealth; therefore, any topic that may tend towards placing even one rung in the ladder by which such altitude for medicine may yet be attained I hope will prove of sufficient interest to command your attention for a short time, no matter how imperfectly such topic may be presented. Consequently, with the hope of promoting these important objects, I have chosen as my theme—

"THE BEST DOCTOR FOR THE COMMONWEALTH, OR THE DOCTOR AS AN OFFICER OF THE STATE."

This, of course, will necessitate extensive allusion to the much-discussed subject, and almost "thread-bare" theme, "A Higher Medical Education," the discussion of which has thus far produced but poor results in this State, but I am gratified to say grand ones in a few others. Alabama, Illinois, North Carolina, and Virginia have been gloriously rewarded in this respect, through the persistent efforts of their medical societies in this direction. I do not wish to be understood as demanding that the curriculum of the coming doctor shall embrace science in general, or even as of old, when it was said, "to be great in medicine one must be familiar with all its collateral branches." The first condition is too broad a field for the cultivation and grasp of one mind, and life is too short; the second, though perhaps attainable and advantageous, is not necessary for the successful practice of medicine.

Nor would I compel, or even advise, the embryo doctor to waste his time in the study of the classics, but endeavor, before entering upon the study of medicine, to gain a good English education, supplemented with all the knowledge of the natural sciences possible, and especially the two most needful to the successful practitioner of medicine—chemistry, and physiology; but as this has been so much better said by that venerated nestor of American medicine, Dr. Nathan S. Davis, I quote him, the man who has labored during his professional life for common-sense medicine and for the welfare of the profession, but who has done more, recently, with his pen and the great weight of his influence to protect the honor and dignity of the profession of America against the assaults of a few truly able and distinguished men, men, it is true, who have earned the gratitude of their profession by their works, but, unfortunately, whose egotism and a desire for leadership has overreached the bounds of modesty, and caused them to proclaim by their acts themselves as the only medical lights on this continent. But to return, Dr. Davis says: "That it should still be held, almost at the close of this century, when the natural sciences are the great powers of the world, and after religion, the greatest power of modern civilization, when all ancient and classical learning has failed to stay one human pain or lift one ounce of human suffering, that the man who has not the usual routine academic education is unfit for the study of medicine is beyond conception.

"The whole success of the physician must depend upon the skill with which he can utilize the experimental sciences." The absurdity of this dogma of the necessity of a classical education to the proper study of medicine, or its successful practice is evident, when we recall the brilliantly successful career as able clinicians of many of our most distinguished men, who, perhaps, never opened a Latin or Greek book.

The colleges are often censured and condemned for issuing diplomas to those unworthy to receive them; this is an erroneous view of the subject and does them gross injustice. There are no class of educators better qualified, as a rule, or who labor more earnestly and conscientiously to teach thoroughly their various branches in the short time permitted by law than teachers of medicine; and after all that has been written of the advantages of European schools, there are none better equipped for teaching all the essentials of medicine than the non-bogus or first-class medical colleges of America. The main fault is to be found in the material sent the schools of which to make doctors. Send them selected and fairly pre-

* Abstract of the Annual Address delivered before the Thirty-first Annual Session of The Kentucky State Medical Society, on June 23d, by Dr. J. P. Thomas, Pembroke, Ky., President of the Society.

pared material, and they will turn out a safer class of practitioners.

Then, as the schools cannot select their pupils, but must admit all who apply, by reason of their unnecessary number and consequent competition, the question confronts the profession, How can medicine be raised to its proper standard? or how can legitimate and scientific medicine be cleansed from the contamination of ignorance and charlatanism? Why may not physicians ask of their law-makers statutes that will free their names and life-work from association in the public mind with all that is disreputable and vile, because the impostors bear the title M.D.?

Many, in their opposition to legislative control of the practice of medicine, claim that only a limited class of physicians demand such legislation, and only for their own selfish interests; when every medical man who has ever appealed for such law has conclusively shown that the paramount object was the protection of the people. Dr. H. O. Marcy, in a very thoughtful address before the "Association of Medical Editors," says: "The fallacy of the arguments of nearly all who have opposed legislalation, is the unproved and unwarranted assumption that a certain limited class of physicians, stigmatized as "old school" allopaths, regulars, etc., are the only parties interested in securing such legislation. Nothing is further from the truth, and it is my own conviction that, aside from the desire which should actuate all honorable men to lessen, as far as possible, a recognized evil, and to elevate the profession, with the honor or shame of which they are indissolubly connected, few, if any, would be found to advocate legislation, except as a most disagreeable duty."

The power of appointing the boards of medical examiners and of health, has been by legislative enactment vested in the State medical societies of three States—Alabama, Virginia, and North Carolina. Though the two latter have made a long stride in the right direction, and, so far, their law is working harmoniously, and for the best interest of their people, yet it is plain to all who have investigated them, that Alabama has decidedly the best law regulating the practice of medicine of any State in the American Union.

The Medical Association of Alabama is the accredited and legally authorized agent of the Commonwealth to regulate and govern all matters pertaining to the practice of medicine and the preservation of the public health within her borders, or, in other words, the medical society is the State Board of Medical Examiners and the State Board of Health. The exercise of these powers the State Association delegates to its board of censors, whose acts are subject to the supervision and correction of the association. The county medical societies constitute the local boards of examiners and boards of health in their respective counties, each of which has a board of censors elected by the society to act as medical examiners and board of health, subject to the approval of the county society. The acts of all county societies and their board of censors are under the supervision of the State society.

The society publishes annually a volume of transactions containing the laws of the State governing the medical regulations, together with, not only the papers read before it, but their discussion in full, making a volume that would do credit to the American Medical Association, or any other body.

The example of Alabama is worthy of the imitation of all her sister States. But without at present suggesting any of the several ways by which the administration and execution of proper laws governing the practice of medicine, and protecting the public health, can be kept out of the arena of politics, and thereby their good results to the Commonwealth secured from the failures incident to political favoritism, it is apparent to all who have given the subject serious thought, that some State regulation of the practice of medicine is sadly needed, and should be urgently demanded of our law-makers by the entire profession of the State.

We know that the national government is very strict in her regulations regarding the selection, examination, and appointment of her medical officers. Why? because she cannot afford to place incompetent medical men in charge of the health of her soldiers and sailors. Why not the same solicitude, as far as practicable, concerning the lives of her citizens? It is from their ranks she draws her army and navy.

Every one is aware of the stringent rules governing railroad corporations, as to the education and training of their engineers. Why? because human life is constantly dependent upon their skill. Why not as strict laws regarding the education and training of the

medical men and women, who are also the guardians of the lives of the people? We all know the present law of this State is utterly useless and inoperative as to medical examining boards, and should be erased from the statutes. It appears to me that if our lawmakers would carefully consider the wholly different attitude, that the law in effect forces us as a profession to occupy towards the Commonwealth, from that of every other profession, trade, or calling, there would be no difficulty in procuring the passage of ample and effective laws guarding the entrance into the profession of only those properly prepared to assume its great responsibilities. We stand apart from other professions or trades in the fact, the law makes us officers of the State.

We are required, under penalty, to give our professional opinion of all causes producing death, our certificates of births, and often required to decide their legitimacy or illegitimacy as heirs-at-law, to give warning of the approach of disease of whatever character that may threaten the State or any of her communities. As medical witnesses we are compelled to give professional evidence, perform *post-mortems*, to analyze the tissues in suspected cases of death by poisons. In jurisprudence we are expected to understand the science of forensic medicine, to be able to give an expert opinion as to the doubts of an asserted pregnancy or the existence of one denied, of infanticide, of the usual means of homicide, and any and all causes of sudden death, or death by violence, to be able to distinguish a murder from a suicide, and in cases of death by hanging or drowning, to decide whether life is extinct or was at a certain moment, to explain the signs of sudden death from whatever cause, and to distinguish feigned from real disease. All these demands, and many others of a like character, to say nothing of insanity in its multitudinous phases, deciding the accountability or the reverse of its subjects, real or feigned, are constantly made upon the medical man as an officer of the State, and unjustly, be it said to the disgrace of the Commonwealth, without professional compensation. In addition he is expected to be conversant with medical police, sanitation, or State medicine. Especially is this a requirement in this era of advanced sanitary science, where the increasing appreciation of its good results is evident to every thoughtful mind. Though such requirements and onerous and responsible duties are required of the profession as officers of the State, not only without pecuniary compensation, but without encouragement by laws protecting its honor and dignity as a learned profession. This is obviously unjust, and as a profession we should unite in demanding protection of the State from the evils that beset us.

The only way to secure professional aggrandizement is by the coöperation and zeal of her members; whatever the doctors unitedly want they can get. Our greatest enemies are in our own ranks and camps. See Dr. Holt, but last January, assailed by enemies from home in the medical profession. Articles, hostile, written in the New Orleans Medical and Surgical Journal, and marked copies supplied to non-professional politicians, members of the committees to whom his yellow fever project was offered. It is necessary to force our Legislature to see not only the injustice to the profession as a class, but the necessity of reform for the protection and safety of the people.

Who is the best attorney for the State, the educated, examined, and licensed lawyer, or the uneducated and unlicensed pettifogger? Has the Commonwealth ever selected for her agent, to prosecute her criminals, one who has never been admitted to the bar after proper examination and licensed to practise law? What does she prosecute and punish her criminals for? Is it not for the protection of the lives and property of her law-abiding citizens?

Then we ask you, gentlemen, who is the best doctor for the Commonwealth? the uneducated ignoramus that has obtained his license, if he happens to have any authority, to go forth "as a wolf among lambs," or has obtained that authority without preparatory study, and in an incredibly short time, by "cramming," and yet is fully authorized to practise the most intricate and responsible art ever assumed by man, one requiring a greater amount of study to master its principles than all other branches of learning combined; or the educated and accomplished physician, who has spent years in study before he can persuade himself that he is competent to take the lives of his fellows into his hands, knowing, as he does, that a lifetime of study and observation is insufficient to master it as a science, and to keep pace with its progress he must continue a close student during his professional life?

The renowned French savant, Pasteur, is not allowed to perform the simple operation of tre-

phining the skulls of the rabbits or monkeys upon which he experiments for the dilution of his hydrophobic virus, or the simpler one of introducing the hypodermic needle, by which to introduce his attenuated virus for the prevention of rabies, or to practise medicine, because he has never taken the doctor's degree.

What a contrast to the medical liberties of this country? Here, the merest novice in surgery may not only trephine the skull of the monkey, but that of his illustrious descendant, man, whom we know has made an immense advance in intellectual development from his original progenitor. When in France such a master in science as Pasteur cannot lawfully perform the most simple operation upon the far removed ancestor of the human race, much less upon the perfected animal. Here, the so-called trained nurses are permitted to give subcutaneous injections of powerful alkaloids, and introduce into the bladder catheters, bougies, etc. . . .

Why is it that our Legislature constantly shows more willingness to appropriate sums sufficient to stamp out disease in animals than it does to protect the health and prevent disease in the people? There is no objection to any effort on the part of the State or her people to stamp out animal diseases; but we do insist that the innocent children and uneducated men and women shall have an equal chance for their lives, as the life of one bright child is worth more to the State than that of many animals. When we consider the immense sums expended annually by the State in paying witness and juror fees, both often perjured or bribed; and the expense of the red-tapeism of everything official, to clear murderers and thieves, and thus rob the gallows and penitentiary of their dues, would it not be more conducive to the prosperity of the State and the moral and physical health of the people to hang the murderers and make the felons work for the State; and apply a portion of the sum thus thrown away literally in the encouragement of vice, to the advancement of medicine in all its departments?

First. By securing for her medical officers a better education, sufficient to fill all the requirements in the various positions to which they may be called by the demands of the State; as experts in medical jurisprudence, and qualified witnesses in all medical matters, and thus insure justice in criminal prosecutions, both to the accused and the Commonwealth.

Second. By securing the best system of State medicine, by encouraging her medical officers to become sanitarians, fully acquainted with all the known principles of sanitary science and the laws of hygiene; competent to advise and direct the prophylaxis of the State and the enforcement of effective quarantine.

A law regulating the practice of medicine and confining its offices to the competent, by demanding more time and care for the education of her physicians, would, of itself, prove one of the greatest sanitary measures, as unqualified doctors kill more than micro-organisms, impure water, or defective drainage.

It is not the over-crowding of the profession or the number of M.D.'s turned out by the schools that we complain of, for there is, and always will be, plenty of room at the top, and as far as the competent is concerned, this is easily regulated by the final "survival of the fittest;" but it is the haste that the great majority make to become doctors of medicine, and the door left so wide open by our present laws for the easy entrance of the hordes of charlatans that are yearly driven out of other States by more stringent laws, laws that restrict the practice of medicine to only those found competent by well-organized examining boards.

This latter class is becoming so numerous in the past few years, that the regular profession may reasonably become as indignant at the indifference of our Legislature as to exclaim in the language of the editor of The Texas Courier of Medicine, "The Legislature says, come all ye who are burdened with little knowledge and are heavy laden with rejected examinations; all refuse of Illinois, Indiana, and Missouri; come, come, too, the pretender and the hypocrite; come the homœopath, the allopath, the hydropath, the nopath, the electric, the eclectic, and the physio-medical. The faith doctor come, our fields are broad and our acres wide, our waters still and our pastures green. Come, abide with us, bleed us, cheat us, murder us."

It is some comfort to know that our Legislature did, "once upon a time," but after much bungling, pass a law authorizing the establishment of a board of health, and also that a board composed of competent men was appointed by the governor, but, alas, with an appropriation for its maintenance so utterly inadequate that nothing but a philanthropic sense of duty would have induced its appointees to accept and serve.

The whole appropriation a bare compensation for the secretary, no compensation to the members, none for their supporters and co-workers the local boards; and only deducting the half salary allowed the secretary, twelve hundred dollars, little more is left than is necessary to pay for printing and postage, with nothing for sanitary work. Consequently, for want of means, the work of our board of health has been restricted to one-third the amount of sanitary work it could and would have accomplished. With half the amount given their boards by several other less wealthy States, many lives might have been prolonged, or at least much distress prevented in Kentucky.

The wonder is that the Kentucky Board of Health has been able to accomplish the work it has, the amount of which can only be appreciated by the few who have taken the trouble to investigate the labors of this board.

In this connection it is only justice to its distinguished secretary, Dr. J. N. McCormack, to say that he has, since he entered upon the arduous duties of the office, accomplished more intelligent and beneficial work in his department, and with less compensation, than any other officer in the service of the State. Individually, and at the expense of his private interests, without abatement of zeal, he has accomplished as much for the progress of sanitary science as could be expected of an entire board of sanitarians. And, as an illustration of this progress in the United States, we have only to note the rapid increase in the number of State sanitary boards. The first board of health was organized in Massachusetts in 1869.

Dr. Henry I. Bowditch, in his centennial address before the International Medical Congress, "On Public Hygiene and State Medicine," reports only twelve States that had up to that time (1876) State Boards of Health. To-day there are twenty-nine that have active boards of health, showing an increase of over one hundred per cent. in ten years, which is encouraging progress, and shows more governmental care for the public health than its most enthusiastic advocates expected at the time the great sanitarian and philanthropist of a continent, delivered his able appeal for preventive medicine. I never was a theorizer, nor a full believer in the self-limitation of disease in general, take no stock as yet in the "bug theory," am not a nihilist in therapeutics, neither an advocate of the so-called abortive treatment, and, as my paper read before this body last year shows, an enemy of polypharmacy, and that it is only profitable to the pharmacists, but detrimental to the health of the people.

Since I first read Louis's work on typhoid fever, and caught an idea of his methods of investigating disease, in 1860—the work then old, and the copy the property of my preceptor—I have relied upon the general principles of medicine, personal observation, a study of symptomatology, and principally, by exclusion, arrived at a diagnosis; and have, so far, failed to meet with as satisfactory results from the practical application of other methods or theories.

And when observation and the careful and accurate record of facts as witnessed in the phenomena of disease, without due regard to theories, shall have solved, as they alone can, the natural history of all diseases, it will be found that the best methods of preventing, modifying, and often curing them, without other aid, will be by the proper application of the grand principles of sanitary science; the foundation and capstone of which is cleanliness; and its employment in the prevention and treatment of diseases a *sine qua non*. Dr. Bowditch says the development of sanitary science is the great work of the future. But, if we could obtain nothing better in the way of legislative control of the practice of medicine than a simple statute embodying old usages, when custom made it necessary for an aspirant for medical honors to have studied three years in the office of a preceptor before he thought of matriculating in a medical college, such a law would be a return to old customs, when it was more difficult to obtain a diploma than now.

A law requiring the sworn certificate of a reputable practitioner, that the applicant for matriculation had been in reasonably close study of medicine for three years, would lessen the number of matriculates, and give the schools much improved material, of those who had the perseverance and means to go through the preparatory study.

The enforcement of some such law, with the coöperation of the profession, pledging its entire membership not to receive as pupils any who do not possess a fair English education and a reasonable amount of intelligence, would do much towards ridding the State of many incompetent doctors.

You will observe that I have included the opposite sex as a part of the medical profession, because they are now recognized as the compeers of man in medicine, for which, individually, I thank God.

In every relation in life man is the better for woman's companionship; in every undertaking in life when he has had the coöperation, sympathy, and encouragement of woman, he has been more successful, and the labor less arduous in its accomplishment.

Consequently, her equal interest, responsibility, and cordial association with us in medicine, as earnest co-workers, is, of itself, a great advance towards the moral elevation of the profession. They will make better students, because more in earnest and more sincere; and, as all admit that intelligent nursing is more than half the battle in the treatment of disease, they will make better practitioners, because they are by nature better nurses, more delicately skilled in touch, and more sympathetic.

In fact, woman was divinely intended from the first creation to be an improvement on man. This is proven by the material employed in her creation. Adam, the man, was made of such crude material as dirt, while Eve, the woman, was made out of pure bone, refined by the process of bioplastic organization, not even of dead bone, but bone taken from the living man while in a state of anæsthesia, which fact alone sustains her title to enter the profession of medicine and surgery, as her creation was the result of the first surgical operation ever performed under anæsthesia. Again, statistics prove her to be divinely man's superior, because they show that there are in the world one-third more females than males. God made more of them because He saw they were an improvement on His first creation. But we are compelled to admit, however, that this is the reverse of man's custom, for in mortal creations the things most precious and valuable are fewest.

This society can already boast of being honored by the enrollment of two of the opposite sex as members, and my sincere wish is that the list may increase, until many more shall be added to its membership, as I believe we need never fear of meeting among the number of female graduates a single ignoramus.

May God continue to bless with his approval the labors of these objects of divine appreciation and man's adoration.

DOSAGE.

BY MALCOLM E. PARROTT, M.D.,

Late Resident Physician of the Jefferson Medical College Hospital.

NOTHING is truer than that there can be no definite and arbitrary rules governing the doses of drugs, physiological effect being our only safe guide. For certain drugs are apt to be sophisticated, while again others are of variable strength, though they may be most conscientiously prepared, it being difficult to obtain the crude materials of proper growth or season.

I recently saw a young man who, by mistake, had taken more than a tablespoonful of tincture nucis vomicæ, without the slightest untoward symptom, and when the mistake was discovered, hours later, and I was hastily summoned, I saw no occasion for interference, there being no symptoms of an overdose, nor did any develop.

On another occasion, recently, I ordered for a child three years of age, ten drops of syrup ferri iodidi tr. d., but the mother, by mistake, gave instead a teaspoonful dose; till my visit the day following, five teaspoonfuls having been taken in eighteen hours, and no appreciable harm resulting. Now, no one will deny these are overdoses, yet, as no harm resulted, it points to one of two things, either the medicines were inert, or the patients particularly hardy and not susceptible to them, for in neither case was the full characteristic physiological effect produced. Again, the moral might be drawn that we cannot be too careful in our directions to the nurse or attendant regarding the administrations of remedies, though in both these cases the directions were plainly written by the druggist, and reinforced by my own.

BROOKLYN, N. Y.

HYDROCHLORATE OF COCAINE AS A LOCAL ANÆSTHETIC AND ANALGETIC IN DISEASES OF THE THROAT, NOSE, AND EAR.

BY LAURENCE TURNBULL, M.D., PHILADELPHIA.

MATZ* published a monograph on the erythroxylon coca, in Paris, 1868 (Die Planzenloffee, pp. 91–93). The latter states that cocaine has the power of impairing sensibility when locally applied, and he

*Appendix to Turnbull's Manual of Anæsthesia, p. 9, 1885.

is entitled to having made this important discovery, but failed to make it applicable to practical medicine. Then followed the experiments of Von Anrep, Von Bebia, and others. Various theories have been proposed to explain the action of cocaine, and while certain authors, as "Pflüger," attribute the anæsthetic effects to direct action of the drug on the terminal fibres of the five pair of nerves, others, like "Eversbusch," think that the contraction of the small arteries, and the capillary anæmia which results are probably the essential cause of the loss of sensibility.

Dr. Koller was the first true discoverer of its valuable anæsthetic properties; for even the laryngologists only limited its use to diminish the sensibility of the larynx, but not one of them discovered its power of producing anæsthesia, so that the parts could be cut and lacerated without giving pain. The original paper read by Dr. Koller, in September, 1884, was first published in Wien. Med. Wochenschr., Oct. 25, 1884, and has since been translated and republished by Dr. Knapp,* of New York. Two weeks before the original paper of Dr. Koller was published in Vienna, American physicians were informed of its use by Dr. H. D. Noyes, and without delay tested and proved the true anæsthetic properties of the hydrochlorate of cocaine on most of the tissues of the body, more especially the mucous membranes. Having given a full *résumé*, published in 1885,† of a large number of papers in their chronological order. I propose now to give a more brief *résumé* of our present knowledge of its various uses as a remedy in affections of the throat, nose, and ear.

The hydrochlorate of cocaine as an anæsthetic and analgetic for diseases of the throat and nose, was first recommended by Jelinck (Weiner Medinisch. Blätter, Nos. 39–44, 1884).

‡"Cocaine may be used in the upper air-passages in the form of solutions, to be applied by means of a brush, sponge, spray, or in the form of pastils, tablets, etc. If used in solution, it ought to be suspended in camphor water, or a slight addition of boracic or salicylic acid should be made to the aqueous or spirituous solution, because a small fungus quickly develops in the latter when there is no such addition. The originally exorbitant price of the remedy has led to trials of very weak solutions, and there can be no doubt that even two per cent. and four per cent. solutions, produce a certain diminution of sensibility of the respiratory mucous membranes. The full anæsthetic and analgetic effects, however, of which the remedy is capable, will only be obtained so far as the mucous membranes of the throat and nose are concerned, if a twenty per cent. solution be used.

The price of the drug having lately fallen very considerably, so that the question of expense has become altogether insignificant, there is no longer any use in temporizing with weaker concentrations, and the use of the full strength solutions may be warmly recommended. It ought to be observed here that the susceptibilities of different individuals to the influence of local applications of cocaine, vary just as much as the susceptibilities to the influence of other narcotics, and that now and then persons will be met with in whom a diminution only, but no complete loss of sensibility will be obtained.

Some constitutions, indeed, appear not to be at all susceptible to the effect of the drug, but it may fairly be stated that these cases form only rare exceptions. Children appear, on the whole, to come more quickly under the influence of the drug than adults. Complete anæsthesia is generally produced in the part painted with a twenty per cent. solution after from three to five minutes; and lasts, with gradually decreasing intensity, on the average fifteen to twenty minutes. The anæsthetic and analgetic effect is associated with contraction of the vessels of the parts (the ischæmia is especially noticeable in the cavernous tissue of the nose), and with feelings of stiffness, heat, burning, dryness, a desire to swallow, which, in some individuals, can only with difficulty or not at all be accomplished, and with a very transitory salivation. All these sensations soon pass away. The degree of anæsthesia obtained in the different parts of the respiratory mucous membranes seems to vary somewhat; as a rule, anæsthesia is more easily produced in the palate, tonsils, and posterior wall of the pharynx, and less so in the nose and larynx. It is very important to know that the anæsthesia and analgesia are strictly limited to the part which has

*Cocaine, and its use in Ophthalmic and General Surgery, H. Knapp, M.D., New York, pp. 1–9.

† The New Local Anæsthetic Hydrochlorate of Cocaine, by L. Turnbull, p. 7, Pamphlet. P. Blakiston, Son & Co., Philadelphia, 1885.

Year Book of Treatment, 1885, pp. 286–290.

been in actual contact with the remedial solutions, and that there is no extension of the effect to the parts, even in the most immediate neighborhood.

This explains why in some operations, in which it is almost impossible to touch with certainty all the parts in which the surgical interference is to take place previous to the operation, *e. g.*, in removal of nasal polypi, the effect is often smaller than in those operations in which the whole field can with certainty be painted previously, as, *e. g.*, in tonsillotomy. In cases of operative interference in either nose or throat, it will be found advisable to paint the part to be operated upon twice over with the twenty per cent. solution, at intervals of one to two minutes, and to allow, after the second application, from two to three minutes to elapse before the operation is proceeded with. In cases of lengthy operations (removal of nasal or laryngeal polypi, etc.), it may be desirable to repeat the application from time to time during the proceedings.

Coming now to the various uses of cocaine in the upper air-passages, I think it right to mention, in a passing manner, not only its strictly therapeutical but also its diagnostic importance. The application of cocaine to the palate, uvula, and posterior walls of the pharynx greatly facilitates laryngoscopic and posterior rhinoscopic examination in many hypersensitive persons by diminishing, or even temporarily abolishing, tactile hypersensibility. It ought not to be forgotten, however, that the difficulties encountered in the laryngoscopic and rhinoscopic examinations of some persons, may not exclusively depend upon the local hypersensibility of their fauces, but more upon their nervous temperament. In order to prevent disappointment and depreciation of a most valuable remedy, it ought to be known that in such cases local applications can be of very limited, if of any value.

The different uses of cocaine in the respiratory passages have been so well and concisely put together by L. A. Dessar ("Cocaine und seine Anwendung im Larynx, Pharynx, und in der Nose" Inaugural Dissertation, Würzburg, 1885), that I cannot do better than translate his summary. He says, solutions of cocaine secure—

1. Diminution of tactile sensibility. This is useful—

(*a*) To facilitate laryngoscopic examination in cases of hyperæsthesia by abolition of reflex phenomena.

(*b*) In posterior rhinoscopy.

(*c*) To abolish the augmented sensibility in cases of swelling of the nasal mucous membrane.

2. Diminution of dolorous sensibility.

(*a*) In operations.
(*b*) In divers examinations.
} Executed in any part of the pharynx, larynx, and nose.

3. Abolition of dysphagia in cases of stenosis, produced by tumors, of phthisis (scilicet, pharyngeal and laryngeal), syphilis (viz., pharyngeal and laryngeal), perichondritis (viz., laryngeal), tonsillitis.

4. Ischæmia of much injected mucous membranes.

5. Diminution of profuse hemorrhages.

6. A certain diagnosis in cases of nasal reflex neurosis (asthma, different forms of neuralgia, hay-fever, epilepsy).

During a year's very frequent use of cocaine in different forms and in different diseases, I have found it most useful (1) in tonsillitis, in which it often abolishes for a time, as if by magic, the dysphagia, and enables the poor patients, who have not been able to swallow even fluids for days, to comfortably enjoy a good draught of milk or beef tea; (2) in tonsillotomy, which operation is really rendered perfectly painless by the previously twice repeated application of a twenty per cent. solution to the tonsils and their whole neighborhood; (3) in uvulotomy; (4) in removal of laryngeal growths; (5) in cauterizing the nasal mucous membrane with the galvano-cautery; (6) in diminishing pharyngeal hyperirritability for purposes of laryngeal and rhinoscopic examination; (7) in acute coryza of adults and infants; (8) in laryngeal phthisis. I have also seen very good effects from the use of pastils (cocaine hydrochlor. gr. $\frac{1}{6}$ or more, pro pastilleo), in cases of dysphagia due to laryngeal phthisis and laryngeal epithelioma. My results during the past year have been less satisfactory in hay fever, the remedy, whether applied in the form of solution, spray, or tabloids, has had but a very temporary, if any effect, in those cases which have come under my observation. In cases of nasal polypi, the effects have been very varying; some patients professed that the previous application of the remedy relieved the small pain caused by the galvano-caustic removal of the growths; others stated that they found no difference. The

probable explanation of this discrepancy of statements has already been given. On the whole, there can be no doubt that the introduction of cocaine must be considered as the greatest event in the therapeutics of the upper air passages for some time past.

Cocaine in Diseases of the Ear.—As cocaine has been found so valuable in diseases of the throat and nose, it became of great importance to the otologist. The throat and nose bear an important relation to the ear, and often by relieving or curing certain affections of the throat and nose, we can succeed in the cure of the disease of the ear.

*Catheterization of the Eustachian tube through the nose, is greatly facilitated by previously applying cocaine to the nasal passages and to the pharyngeal orifice of the tube. This can be done with an atomizer, or a brush, or a cotton pad at the end of a probe. The mucous membrane becomes insensible and thin; the catheter glides over the parts without pain, and is introduced more readily because of the dilation of the nasal passages. This remedy will render direct catheterization possible in certain cases in which otherwise it could only be effected through the mouth or the nostril of the other side. Whether these modes are so efficient as the introduction of the catheter through the nostril of the same side I know not, but I do know that changing the classical bend of the catheter by making it straighter in order to pass it through a narrow or crooked nasal passage, renders catheterization both for purposes of inflation and injection proportionately efficient. It would be too troublesome had we to apply cocaine often in the same case; fortunately this is not necessary, for when the remedy has helped the patient over the discomfort of the first trials, the repeated introduction and treatment have made the manipulation easy. Injections of cocaine into the Eustachian tube will, by their contracting influence on the bloodvessels, dilate the calibre of the canal, facilitate inflation and injection of liquids into the tube and the tympanic cavity.

It is of advantage though, and it has been tried, to inject one or several drops of cocaine, warm, through the Eustachian tube into the drum cavity for severe earache of inflammatory origin. It can also be injected through the drumhead with a hypodermic syringe.

*Knapp, On the Use of Cocaine, p. 49.

Instillations of cocaine into the external ear canal, in cases of neuralgic earache have been found useful in certain conditions.

On the benefit derived from inflammatory earache, Dr. F. P. Kinnicutt writes as follows: "I have very lately used a four per cent. watery solution in three cases of acute earache in children. By means of a speculum and dropper, I have applied one or two minims directly to the drum membrane, in each case with complete and immediate relief; there was no recurrence of the pain."

In tinnitis aurium I have found improvement from instillations from cocaine.

In all cases that require manipulations, or the applications of remedies or incisions, scraping, torsion, avulsion, ecrasement, etc., in the tympanic cavity, when the drumhead is perforated, or in ulcers of the ear canal and the auricle, local anæsthesia can be easily and satisfactorily effected by instillations of hydrochlorate of cocaine. The tissue-contracting and hæmostatic effect of the drug will greatly add to its value in all operations of the middle ear. These operations are particularly difficult on account of the narrowness of the ear canal and its obstruction by the slightest hemorrhage. In prolonged operations—for instance, the removal of multiple polypi—the instillations should be continued during the operation. I have derived great advantage from this procedure in several operations.

Also in cases of acute purulent otitis, accompanied by intense pain, where the tenderness of the swollen walls of the meatus made cleansing both by syringing and the dry method excessively distressing to the patient, I have noticed great benefit from cocaine instillations. The manipulations were made easy, the cleansing could be thoroughly done, and the application of remedies—boric acid and weak solutions of corrosive sublimate—cause no annoyance. This treatment, because of its painlessness, was regularly carried out, and the recovery was smooth and speedy.

The application of painful remedies in cases of chronic purulent otitis—for instance, nitrate of silver, alcohol, etc.—can be done after cocainization with great or entire relief from pain.

The analgesic effect of cocaine has been noticed by J. Bettman, other aurists, and myself, in cases of earache, when the perforations of the drumhead gives the remedy access to the middle ear.

Perforation of the membrana tympani can be performed with entire absence of pain, if the solution is strong, and used warm. In my experience, instillation of cocaine upon the inflamed, non-perforated drumhead diminishes its sensitiveness to the touch of a probe, and an incision in these cases is almost painless.

Operations on the walls of the ear canal, the auricle, and its surroundings, such as the removal of tumors, incisions into the skin, etc., can be rendered painless by subcutaneous injections of cocaine, if the transient freezing with ether or rhigolene spray is not preferred. A few days ago I enucleated a cystic tumor, the size of a cherry, from the posterior surface of the lobule. The lobule and the tumor were held between the branches of an eyelid clamp. Two drops of a twenty per cent. solution of cocaine were injected under the posterior side of the tumor, and two under the anterior. The tumor was shelled out entirely without pain, and without loss of blood.

*Cocaine in Operations of the Ear.**—Kretchmann (Arch. f. Ohrenheilk, xxii., p. 243) finds that in operations on the membrana tympani, cocaine is not so certain an anæsthetic, but in operations of the mucous membrane it has a marked effect in alleviating pain.

Kirchner (Deutche Med. Woch., No. 4, 1885) also finds that a twenty per cent. solution is required to produce any effect in operations of the membrana tympani. Zanfal (Präger, Med. Woch., November 7, 1885) has obtained similar results.

Cocaine is, in my experience, a very satisfactory anæsthetic in operations of the ear. In the removal of large and painful polypi it is useful, and in smaller growths, especially those near the membrana tympani, a twenty per cent. solution of this drug has invariably proved valuable. The part to be operated on should first be carefully wiped dry with cotton wool, to remove any collection of pus; the solution of cocaine should then be painted on with a camel's-hair brush, and allowed to remain for at least five minutes, before any operative measures are adopted. The weak solutions of cocaine recommended by some surgeons are all but useless.

Dr. H. G. Sherman (New York Med. Record, November 15, 1884) has twice instilled a few drops of a four per cent. solution into the ear in tinnitus aurium, consequent upon otitis media, with the result of lessening both tinnitus and deafness.*

* Field on Diseases of the Ear. The Year Book of Treatment, p. 276 (1885).

* See Cases of Tinnitus Relieved. Turnbull on the New Anæsthetic in p. 36, *op. cit.*, also pp. 38 to 45.

THE BERLIN CLINIC AND HOSPITAL FOR SKIN DISEASES.

BY THOMAS H. FENTON, M.D.

ONE of the most interesting institutions, and one well worthy of a visit in Berlin, is the clinic and hospital for the treatment of diseases of the skin, under the control of Dr. Lassar, Privat Docent of the University of Berlin. The clinic is a private institute, which is intended to serve in equal measure practical and scientific aims. It is the only establishment in Germany which supplies the necessary accommodation for rich and poor patients, and at the same time gives an opportunity to the physician to educate himself in practical dermatology. The house is in the centre of the medical quarter, in the Karl Strasse, and was devoted to this purpose on the first of January, 1884, since which time over six thousand patients of all classes (in and outdoor department inclusive) have been received; besides which, the courses given during this period have been attended by over two thousand university students. The material for study consists of patients of all the laboring classes, and of those without means, who are sent here from the other clinics and hospitals, and by the many physicians of the city.

The upper floors of the institution are for the greater part given up to bed-rooms and the culinary department. The bed-rooms for private pay patients are on the lower floors and are arranged with all the conveniences of a hotel. For every three rooms there is a bath-room, with all conveniences for plain and medicated baths, as well as other necessary apartments—dining-room, parlor, library, etc.

The lectures, operations, dressing, etc., of outdoor patients are carried on in a large, beautifully-lighted room, polygonal in shape, on the third floor. The room is arranged with due regard to modern antiseptic principles; painted in oils, with hardwood, polished floor, and with furniture which can be easily moved and cleaned. The apparatus for use during operations and for local anæsthesia consists of

large glass jars with cotton corks and long rubber tubes, and containing appropriate solutions (salicylic, carbolic, and corrosive sublimate) the whole being arranged on a movable rack near the ceiling. All clinical appliances, forceps, bandages, etc., are kept lying on metal plates; all soiled bandages, dressings, etc., are thrown into small pails so as to be readily removable. The strictest cleanliness is maintained in all details, which is more than ordinarily necessary (on account of the danger of contagion) in a clinic of this kind. For instance, during the hours of attendance physicians and students use napkins, small in size, and these not oftener than once.

Special care is given to the baths. The apparatus for hot water is situated in the cellar, from whence the water is forced to the fourth floor, and thence distributed through the house. The supply is so abundant that twenty-five baths can be in use at one time. The baths, from Börner & Co., are arranged according to the system of Hebra. They are constructed of soldered copper (tub) in a polished frame, and have a very secure swinging sheet suspending the patient comfortably in the water, his head resting upon an adjustable air-cushion. The temperature and quantity of water can be easily regulated by the occupant. The tub can be covered by a blanket, and the patient feels as if in bed. The patients are allowed to become accustomed gradually to the position; they eat, read, and sleep in the bath, and in time become very fond of it. Cases of extensive burn, ulcerations, abrasions, fistula after operation, obstinate cases of eczema, find great relief from this method of treatment.

For private patients, who cannot or will not reside in the institute, there is in the first story a complete system of medicated baths, as elsewhere. These baths meet the wants of patients with chronic diseases—psoriasis, myosis, syphilis, etc.—and are supplied with all the accessories of a clinic. This (first) floor is in two sections, for the two sexes, and there is a large salon where patients can rest or take refreshment after the bath. Each section is divided into cabinets, some of which are dressing-rooms, rooms for massage, for bandaging, and for the regular water baths. The tubs in these are made of "enameled iron," with brass finishings, built in with tiles. From the construction it can be seen at a glance if they are clean. There is here, as throughout, regular medical supervision, so that the treatment can be modified according to the condition and need of the patient. A trained corps of nurses is in attendance. In the large treatment room, before referred to, of the outdoor department, the patients are treated in the presence of students and visiting physicians.

The hours of attendance are daily from nine to two. In the lecture courses the students are allowed, as far as possible, continued daily observation of the cases, so as to enable them to note the course and working of curative measures. Attention is given to therapeutics and diagnosis, and especially to the indivdual study of the cases. By the rich material and complete apparatus at hand, much opportunity to make independent microscopical and experimental studies is afforded. There are special hours for the treatment of diseases of the penis, strictures, etc., in which visiting physicians can particularly study methods of treatment of this class of cases. All surgical operations belonging to this class are here done; for instance, excision of the initial lesion, of glands, etc., Dr. Posner has charge of these. Besides Dr. Lassar there are two assistant physicians, one of whom resides in the hospital. For laryngoscopic and ophthalmoscopic examinations, there is a dark room, with all necessary instruments. In short, in the hospital there are found, as far as possible, all facilities for the treatment and study of diseases of the skin, and a visitor will readily understand why the hospital and its chief are so highly esteemed, not only in Berlin but throughout Germany, as well as by foreigners who are so fortunate as to experience the courtesy of the attending physicians of the establishment.

ON A USE OF LANOLIN WHICH HAS PROVED PARTICULARLY SERVICEABLE.

BY ADDINELL HEWSON, A.M., M.D.

PELVIC CELLULITIS is a complication of very frequent occurrence in cases of abdominal tumors, and is, indeed, according to my experience, either directly present in its acute stage, as shown by severe pains and signs of recently formed abscesses, or indirectly by its after-effects, in forms of adhesions, fistulæ, and sinuses, all serious complications, and often pronounced essentially fatal by many experienced surgeons.

The prominence with which pain prevails in all such cases, and the marvellous quickness with which that symptom is nearly always relieved within twenty-four hours after my first application of clay, have always been positive reasons for not subjecting patients so suffering to any manipulations or digital explorations until such application has been worn for that space of time. Then the tumefaction also shows marked diminution, and I can explore the case readily and thoroughly. If, however, such effects have not then been produced, I can wait, with the use of the same dressing, until they do; feeling assured, as to such being my best course, that my results with it were satisfactory, far more so, indeed, than what I was familiar with as following the regular antiphlogistic treatment prevailing and being advocated at that time. Yet I was not content with them, and, I own, associated with the external use of the earth, applications *per vag. et rect.* of suppositories made with, first, coca butter, and, secondly, gelatine, as their bases, and various chemicals and extracts for their active principles. The coca butter melted too readily, and I found the gelatine as proposed by Dr. C. L. Mitchell (then northeast corner of Ninth and Race, and now 1006 Cherry Street, Philadelphia), to overcome that difficulty very nicely, and to afford some support, when sufficiently large, to lodge as a Hodge's horseshoe pessary does in the vagina. Mitchell made for me a great many of such with iodoform, gr. x, and charcoal, gr. j, and of a length of five inches and of a diameter of one-half of an inch. The charcoal proved a most efficient deodorizer of the iodoform, and appeared to delay the melting of the gelatine, which, as I have said, was a means of support to the uterus as long as it was firm. Mitchell has called them "Soluble Medicated Gelatin Pessaries." Besides using them and kindred ones in the vagina, I also have used Mitchell's form for the rectum, which acted equally well as resolvent agents for bands and fibrillæ in that vicinity. They never occasioned any distress, or, I may say, inconvenience to the patient. Some, however, did complain of stickiness of the vulva and upper part of the inner surfaces of the thighs during the days or nights immediately following their introduction. While I was so using them in a large series of pelvic troubles I became interested in the use of "lanolin," as described by Professor Oscar Liebreich, of the University of Berlin.* His description of his mode of preparing it from the grease adhering to wool by washing such wool so as to separate its fats in the form of a milk, and then reducing that milk by centrifugal action to a thick, tenacious grease, of a light orange tint, which mixed readily with water to the extent of ninety or more per cent. and possessed a positively wooly odor. In contrast with other fats it also is perfectly neutral and decomposes with much difficulty. It has also a very great peculiarity, being very rapidly absorbed and eliminated by the sebaceous glands of the skin, as is to be detected readily by its odor on a patient's face or arms shortly after some has been carefully rubbed on the os uteri, and when the patient has gone a short distance from one's consultation rooms to her home or that of a friend. Indeed, this odor early proved a positive obstacle to my using lanolin in the better classes of my practice. Such patients with whom I had used it, were then accused by their friends of having eaten woolly mutton. In humbler classes, where such objections either were not recognized or expressed, I was able to study the subject in every direction without any obstacle in my way. My uses of it in them were to make it the basis of an iodide of potassium ointment, ℈ss to ʒss strength. Some of which I applied always myself, either per vaginam or rectum every day, taking great care to spread it all over the parts within reach of my longest finger. I had in all these cases positive results in the diminution of the tenderness and the constrictions of the parts affected by cellulitis.

These cases made me still more desirous of getting the lanolin free of its offensive smell, and I am happy to say that effect has been accomplished by our skilled pharmacist, Louis Genois, of 1412–14 Walnut Street, Philadelphia, who succeeded, by repeated washings, in bringing it about so completely, that I am no longer compelled to have the pot of salve made of it put out of my patients' rooms or my own office.

Other results which I have seen from the use of lanolin I shall make known on some future occasion.

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*His first communication was before the Berlin Medical Society, October 28, 1885. See the Berliner Klin. Wochensh., No. 47, and his second was contributed to the British Med. Journal, February 13, 1886.

A WELL-KNOWN CASE, THAT HAS GIVEN RISE TO MANY A DISPUTE—WITH LETTER FROM PROFESSOR HEUBNER.

BY DR. HUGO ENGEL.

THE following case, on account of the well-known name of the patient and also on account of the important medical questions connected with it, has created a great deal of interest on both sides of the Atlantic. In consequence of my solemn promise, given to the friends of the deceased, I shall report the case without mentioning the true name of the patient, besides, the medical interest remains the same, and in speaking of J. M. C—, I simply follow the custom long since observed in the reporting of medical cases.

Many attacks were made on me with reference to this case. They all were based on the assumption that any statement which appeared in print concerning the medical aspect of the case, had come directly from me, while, in truth, the following pages contain for the first time my own version. The patient was so well known; he had so many friends, and he was considered in so many respects to belong to the public, that nobody connected with him during his last illness could have prevented his name from being mentioned in the daily papers. It was thus, that the people, probably for the first time, heard of many of his friends, but, while the latter thought this but natural, they accused me, who became so prominently connected with the case, of having desired the publication of my name, while, in fact—as all the reporters of the Philadelphia daily papers have expressed their willingness to testify—I refused making any statement, with the exception of the short synopsis of the result of the autopsy, as agreed upon by the physicians present. Even in this respect I was reproached for not having selected as witnesses physicians of greater celebrity, while those proposed by my accusers were men, though eminent in their specialty, with little knowledge of the class of cases in question, and those selected by me, and who witnessed the *post-mortem*, were specially fit to be present on such an occasion, either from their official positions, or their known reputation as editors of medical journals or as experts in pathology or in nervous diseases.

But I will no longer dwell on these attacks by men, whose opinion will always be as trivial as they themselves are, but at once turn to the medical points involved.

Towards the end of last October, I was requested by W. F. J—, Esq., an eminent lawyer of this city, to assist in the transfer of the patient, J. M. C—, from an insane asylum in New York to his own house here in the city. Before we went to the asylum I had received information to this effect: J. M. C—, after having suffered from headache, worse at night, for a considerable time, about a year or so ago, upon one night appearing before the public, had suddenly shown symptoms of aphasia, and of a loss of memory in general. From that time his mental faculties began to decline. After these symptoms of mental decay had been in existence for some time, paresis attacked various groups of muscles, and more decided psychical disturbances made their appearance, but he never exhibited any ideas of magnificence or grandeur. Taking this history, together with the fact, also reported to me and confirmed by my own later inspection of him when I saw him at the asylum, that his general health, simply to judge from his looks, had suffered but little, if any, I concluded then, that J. M. C— was the victim of specific lesion of the brain. This conviction caused me to ask the assistant physician at the asylum, whether the patient was on any special line of treatment. With a somewhat surprised look the gentleman gave a negative reply, and later, it was said, that I had showed my want of knowledge by this very question, though the answer I received, as well as the manner in which it was given, and in which the inquiry was criticised, were evidence that the patient was being treated for dementia paralytica—for which there would have been no special treatment—and that the thought of a specific lesion had never entered the minds of the authorities at the asylum, otherwise they would have at once known what my question referred to.

When I first saw the patient he was in the same condition as when he arrived at his home in this city; one might say he simply vegetated. He recognized none of his friends; he had utterly lost the faculty of speech, the memory of words; his countenance evinced the utmost apathy, and most of the time he was in a state of half stupor. He had lost all control over motion, lower as well as upper extremities; he could neither stand on his feet, nor give the

least assistance when being dressed. When he had to perform the most necessary functions, as for instance the evacuation of the bowels, he had to be lifted on to the commode, and then no movement of the intestines took place, until the large quantity of fluid injected forced the mass to obey the law of gravity, no abdominal pressure on his side nor any other assistance given by him accelerating the action. He had to wear a urinal, or his urine had to be withdrawn by a catheter. When he lay apathic in bed, the lower jaw hung down, and the saliva dripped away at the corner of the mouth. As he himself could not change in the least his position in bed, they had been in the habit of frequently turning him, to prevent the formation of bed-sores, a fear well founded, if the diagnosis of dementia paralytica had been correct. The only motion, occasionally observed on him, was a movement of the toes of the left foot, seen here and there, and a change in the position of the left arm. These two motions evidently were reflex in character, though if there existed any difference whatever regarding power of motion, it was in favor of the left side, the right being totally paralyzed. On account of the semi-conscious condition of the patient and his general apathy and want of response to any impression, the amount of disturbance of sensation could not be accurately determined.

This sad state of affairs, this change from the conditions first described, had been brought about by an apoplectiform seizure, which had attacked the patient about three weeks before his removal to this city.

A person standing by the bed of the patient, while the latter was dozing, would have never imagined that he had a very sick man before him. The face looked well nourished, and there was nowhere to be seen that emaciation usually observed in far advanced cases of dementia paralytica, instead of it, and while his complexion was almost florid, paled somewhat by long confinement, there was noticeable, especially between his brows, that peculiar dirty-yellowish discoloration, which I have never found absent in cases of chronic infectious disease of the nature here referred to.

All the facts pointed to this malady; the history, its mode of commencement, its progress with the absence of hallucinations of magnificence, the apoplectic seizure, the well-preserved general nutrition, the characteristic discoloration over the forehead—they formed too familiar a picture for me to err. But to be still more certain, I started an inquiry of my own, and I soon found evidence of the existence of a primary lesion years before, and was told that some time previous the patient had been at the Hot Springs, and that the eminent specialist there, Dr. Keller, had visited the patient when he showed the first symptoms of the grave malady, and that he had endeavored in vain to induce him at once to go back with him once more to undergo a course of treatment at the Hot Springs. These facts corroborating those before enumerated, confirmed my diagnosis.

I at once instituted, therefore, the proper treatment, and announced to his friends that there was hope of a more or less complete recovery, and that I would guarantee the same, provided the patient had no second apoplectiform seizure during the first four weeks, while, should he suffer from another similar attack within that period, it would probably be fatal. My experience had proved that it takes fully four weeks in these cases for the most energetic treatment to make such an impression as to prevent an occurrence of the kind mentioned, and I had also often observed that a second seizure, when attacking a patient in such a condition soon after the first, invariably caused his death.

The treatment consisted in the following: A masseur was engaged, who, besides generally manipulating all the muscles, rubbed daily from two to three drachms of unguentum cinereum into the skin, first of the left lower leg, then right lower, then left inner thigh, then right, then left inner arm, then right, then left inner side of chest, then right. After the last the skin was thoroughly cleansed with soap and water, the underclothing changed and the same course gone over again. The moment the patient had regained the power of swallowing, a tablespoonful in water, three times daily, was given of the following medicine:—

℞. Potass. iodid. . . . ʒij.
Tinct. nucis vomic. . . fʒij.
Tinct. cardamom. comp. . fʒij.
Aquæ destillat. . . . fʒvj.
Succ. aurant rubr. Mess. ad. fʒxij.
M. Sig.—fʒss–gr. xl. Pot. iodid.

This dose, after the first two days should have demonstrated the ability of the patient's stomach to bear it, was to be increased by one teaspoonful every second day.

Besides these directions, I gave such for his

diet and for insuring general hygienic conditions and the utmost privacy of the sick room. Naturally, on account of the patient's popularity, and on account of the interest universally shown in his case, many persons, members of the Press and others, desired to see him. To prevent this, my definite order was that there should never be more persons in the sick room than his wife and the nurse, or whoever took the latter's place, except when the manipulator visited him. This rule was strictly adhered to. A great deal also in favor of the carrying out of these directions were the following facts: The patient's wife, who endeavored to do her utmost for him, and who patiently and unostentatiously watched over him, was totally in harmony with me; his friend and legal adviser, who directed everything, and without whose sanction nothing could be undertaken, insisted upon my orders being obeyed, and, finally, I had a splendid nurse and an excellent masseur to carry out my wishes.

I shall pass rapidly over the next fifteen days. Had I had the least doubt of the correctness of my diagnosis, the result of treatment would have removed it. Already, by the fourth day the countenance of the patient became brighter and he regained full control over the movements of the head. He began to notice persons in the room, watched their acts, and on their leaving the room followed them with his glance. During the night, from the fourth to the fifth day, he changed his position in bed several times, and the next morning he was once more able to swallow without difficulty; the drippling of the saliva and the dropping of the lower jaw ceasing. He also showed a great improvement in his appetite, and after his dinner that day he himself looked for the napkin, took hold of it with his left hand and wiped his mouth. Flies, which had previously been often wandering about his face without his noticing them, now annoyed him, and whenever the nurse purposely stopped fanning the patient, the latter chased the flies away with his left hand. Still more decided became the improvement during the next two days. When the manipulator entered the room the patient received him with a smile, and, later, greatly assisted him in the massage, so that the masseur was able to begin Swedish movements, the patient evidently understanding what motions were required of him.

A day or two later C— had completely regained power of motion in his left side and in the muscles of the head and neck, and partly so in his right side. He expressed by signs his desire to micturate, and began to use in a normal manner abdominal pressure in the evacuation of the bowels. Swallowing, and movements of the lips had become perfectly normal, and the aspect of his face that of a healthy man. Whenever anybody talked to him, the patient showed by his countenance that he comprehended what was said, and, either by nodding or shaking the head, gave an affirmative or negative reply to questions. He plainly recognized his trusted friend and legal adviser, who visited him daily, and when the latter or I left the room, C— extended his hand and grasped ours.

By the twelfth day C—'s power of motion had so greatly improved, that he was able to stand upright while undergoing a change of his linen; he began to use both arms and hands equally well, and performed all animal functions promptly, regularly, and without aid. The evening of this day he uttered the first words, replying to a question of the nurse, how the milk had tasted, "very well," and the following morning, after having been shaved, he remarked, "that was a very nice shave."

Thus his improvement became daily more marked, and continued till the evening of the fifteenth day, when he suddenly became restless, and immediately after was seized by another apoplectiform attack. I succeeded in rousing him once more, he rallied towards morning, but the whole of the next day he appeared less bright than the day before; the motions on the right side had ceased, and the high temperature—105° Fahr.—told of the mischief that had occurred and was still going on. He uttered no word that day; after dinner, of which he partook but sparingly, he became more apathic and drowsy, and near 6 P.M. another and last seizure attacked him, from which it was impossible to rouse him. He lay in coma until near eleven, when typical Cheyne-Stokes respiration set in, showing that the centre of respiration in the medulla was beginning to be paralyzed, and near 1 P.M. he breathed his last.

I mentioned, in the beginning, the reasons which induced me to believe that the patient was suffering from cerebral lues. It was evidently that variety which Heubner, in Ziems-

sen's Cyclopedia, describes as the third form—the one greatly resembling dementia paralytica. From my observation of the patient, the complete aphasia and the right-sided hemiplegia, I supposed that the large arteries at the base, especially the left arteria fossæ Sylvii, were attacked by that lesion—the formation of new growth within the lumen of the vessel, gradually leading to thrombosis, which has first been described by Heubner.

But, knowing the publicity an autopsy would receive, and desiring to avoid all useless dispute, I did not insist upon a *post-mortem* examination, and the latter would never have been made, had not the dispute I wished to avoid regarding the cause of death, arisen anyhow, and had the widow not become frightened at the thought that some physician would not rest until the matter had been finally settled by an autopsy. The lady even feared grave-robbery, and for this reason insisted upon the examination being made by me.

As some had stated that the patient had not suffered from specific brain disease, but from dementia, and as some went even so far as to contend that my treatment had accelerated the fatal issue—though the same parties, on the patient's leaving the asylum, had remarked that death was but the question of a few days,—I concluded to have a number of prominent and well-known physicians as witnesses of the autopsy. And, that no doubt might remain, it was arranged that all the physicians present should hold a conference after the *post-mortem* was over, and agree to some report, which alone should be given to members of the Press.

The autopsy was made, and a synopsis of it published. The following is a more detailed report of it:—

Post-mortem.—Body well preserved. Head only examined. Nothing abnormal in the external parts. Inner lamella normal, but dura mater tightly adherent to the latter. Brain large and completely filling the cranial cavity. Bloodvessels of dura full of dark blood, and standing out prominent, feeling tense and hard to the touch.

Bloodvessels of pia swollen; pia itself at places thickened, opaque, and tightly adhering to brain-tissue beneath. Very often the pia, where it descends between two convolutions has a milky appearance, and below it the cerebral tissue is softened.

The large arteries at the base are empty; passing along them with the finger, one feels small, roundish bodies within their lumen, and on opening these vessels they are found to contain many unevenly distributed round deposits, which seem to be one part with the inner lining membrane, have a whitish, grayish-white, or yellowish color, feel hard to the touch, like cartilage, and are met with mainly where a branch leaves the vessel. Wherever these neoplasms are, the bloodvessels appear narrowed.

Most of these new growths are found in the left arteria fossæ Sylvii and its terminals. At several places in this artery these growths have reached such a size, and are so numerous where smaller arteries branch off, that they have closed the lumen of the latter, and act, therefore, as real thrombi. The parts nourished by them, Broca's convolution, the Isle of Riel, and the corpus striatum, and the neighboring parts, especially in the left ventricle, are softened, while the rest of the brain, notwithstanding the length of time intervening since death occurred—ten days—has retained its normal consistency.

Pieces of the diseased arteries were removed.

Though the autopsy had proved beyond the possibility of doubt the existence of the exact lesion foretold by me, the dispute did not yet end, one physician, perhaps in his endeavor to pacify both sides, even going so far as to contend, that, though the disease of the arteries mentioned by me, had been found, evidences had also been met with of the existence of the characteristic lesions of dementia, or, in other words, that the patient had suffered from both diseases! Still more vigorously the opinion was maintained that from the beginning the case was hopeless, and that a cure would have been impossible, as complete paralysis had developed. Although the *post-mortem* had proved me correct in the diagnosis, and, although a careful reading of Heubner's article in Ziemssen's Cyclopedia could convince anybody of the possibility of a more or less complete cure even in the most desperate cases, I felt that further argument was useless, and that I had only one way left to decide the matter definitely.

In consequence of his researches and important discoveries—which have cleared up a great deal of obscurity formerly existing in reference to luëtic brain lesions—Heubner is undoubtedly recognized all over the civilized world as the most eminent authority

on specific diseases of the brain. Foreseeing the dispute, I had requested Dr. S—, present as pathologist; to remove several specimens of the diseased arteries, that they might be sent to Professor Heubner. Dr. S— placed the specimens in alcohol and mailed them to this eminent physician, while I wrote to the latter a long letter, giving all the important points in the case, and finally asking him, while mentioning the nature of the dispute, kindly to examine the specimens and to settle forever the controversy by his own authoritative opinion. Certainly, I knew that from the arteries alone Professor Heubner could not determine the question beyond the possibility of a doubt, but I hoped that his great experience and profound knowledge would enable him from all that was submitted to arrive at a definite conclusion.

Middle of January, this year, I received his kind and decisive reply, but I had to postpone its publication, as I was otherwise too much occupied to spend the time necessary for it, especially as I wished to add a *résumé* of the whole, this report being the only one about the case that has ever come from my pen. The following is a *verbatim* translation of Professor Heubner's letter, the original being in my possession. The words in italics were underlined by Heubner, in parentheses I occasionally give his own expression, when the translation seemed difficult:—

LEIPSIC, December 31, 1885.

Very Esteemed Colleague:—I have examined the pieces of arteries sent to me, and have found them to my surprise, though having been removed from the body ten days after death, in a state of passable preservation. It is plain that they have doubtless been placed into alcohol, after they had been exposed for a longer time to the air and become dry, in favor of this view, at least, is their partly shrunken condition. But, nevertheless, the granular formations (Korngebilde) may still be colored, and that is the main point. Concerning your questions one and two, I regret not to be in the condition to give you an absolutely decisive answer.

The changes in the arteries are uniformly of that kind, that they have *probably* been caused by lues, but that they *possibly might* also thus present themselves in the common arterio-sclerosis. For, if specific, it concerns an *older* process in the arteries (in favor of which also is the history of the case), not a recent arterial lues. But such an older stage of the endarteritis of leutic persons may have, as I have mentioned in my work, page 159, a great resemblance with the picture of a simple arterio-sclerosis. But it speaks more in favor of specific disease:—

1. That arteritis is found only in *foci*.

2. That at these places the adventitia as well is unequally more granular (kernreicher) than in the normal parts as the mucosa is filled here and there in spots (fleckwise) with granules (kernen).

3. That the lumen of the arteries is *narrowed* at the seat of the lesion, while it is the rule to be *dilated* in the common arterio-sclerosis.

I therefore consider it, even if not sure beyond the shadow of a doubt (unumstösslich sicher), but very highly probable (höchst wahrscheinlich) that we have to do here with a luëtic endarteritis.

Ad question 3. The course of the disease as described by you, is decidedly more in favor of a dementia caused by lues, viz., in favor of a special luëtic disease of the brain, than of a common dementia paralytica. For if the latter disease had been present at the commencement, stages of excitement, ideas of grandeur, etc. (Erregungszustände, Gröshenwahn, etc.), would have preceded (the other symptoms). Also the complete paralysis, which you mention, further the improvement under inunctions; everything is in favor of your view.

Ad question 4. That an improvement, yes, even a cure of cerebral lues may be possible, even when paralysis and disturbances of intellect have already existed, that has doubtless been proved by very numerous records of cases. To be sure, cases with only epilepsy and palsies of cerebral nerves in general permit a more favorable prognosis than the cases with hemiplegia, etc., but I could quote from my most recent experience a case of grave cerebral lues, with one-sided spastic paralysis, where the patient at present is completely cured. But such cases necessitate really *perforce* cures! According to my experience, in no other luëtic disease is the incorporation of such quantities of anti-luëtic remedies needed, as in specific affections of the brain. Hundreds of grammes (1 gramm=16 grains) of unguent. ciner. are there needed in certain conditions.

As far, therefore, as I am able to judge from the material at my disposal, I am inclined, under all circumstances, to subscribe to your view of the case.

With the highest esteem, etc., etc.

(Signed) HEUBNER.

With this, I, for my part, end the controversy. May it wage after this ever so fiercely, I shall have nothing more to say unless forced to correct misstatements. The above contains a truthful record of the case; in it I have given the reasons which induced me to make the diagnosis I did, and Professor Heubner's letter shows that his decision is not only in my favor

as regards this diagnosis, but that he also upholds me in my opinion—*that the patient, had he received timely the proper treatment, might well have recovered his usual health*, and that hope existed even when paralysis and psychical disturbances had attacked the sufferer.

With this I can be satisfied, and feel proud in the conviction that the most eminent living authority on the subject fully agrees with me. In conclusion, I will add, that like Professor Heubner, I can show from my most recent experience, a case still under my charge, that with the same pathogenic cause, six weeks ago presented grave psychical disturbances, right hemiplegia, ataxic symptoms, dysphagia, loss of sensation, impairment of coördination, and the history of an apoplectic seizure. The patient, at the present time, is completely restored.

PHILADELPHIA, June 16, 1886.

THERAPEUTIC NOTES.

ELIXIR OF CHLOROFORM.

℞. Chloroform,
Tinct. opii,
Tinct. camphoræ,
Spts. ammonia aromat. āā ʒiss.
Ol. cinnamon . . . ♏xx.
Brandy . . . . ʒij.
M.—Dose from ten to forty drops.
—*New Eng. Med. Monthly.*

PRURITUS ANI.

Dr. J. W. C. O'Neal (Med. and Surg. Reporter) says:—

Wash locally night and morning with a solution of borax fʒj to a pint of hot water, with a sponge, and apply with a camel's-hair pencil, continuously for three minutes, the following:—

℞. Sodii bicarbonat. . . ʒij.
Acidi carbolici . . gr. xxx.
Glycerini . . . . ℥ij.
M.

RHUS POISONING.

Dr. L. D. M—, a writer in the Medical and Surgical Reporter, states that the following constitutes the best application for rhus poisoning:—

℞. Borax pulv. . . . ʒij.
Acidi carbolici . . . ʒj.
Morphia sulph. . . . grs. x.
Pulv. acacia . . . ʒiv.
Water . . q. s. ad. ℥viij.
M.—Agitate till solution is formed. Use with camel's-hair brush.

The carbolic acid and borax doubtless help to kill the poison, while with a few brushings the skin becomes coated with the gum, and the irritation and pruritus are allayed.

JAUNDICE.

Dr. John A. Henning (Therapeutic Gazette) recommends—

℞. Ext. fld. chionanthi . . ℥j.
Podophyllum . . . . ʒj.
Potass. acetat. . . . ℥ss.
Aquæ . . . q. s. ad. ℥iv.
M. Sig.—Teaspoonful every three to six hours.

INFANTILE COLIC.

℞. Spts. chloroformi . . . ♏xij.
Syr. simp. . . . . ℥j.
Aq. menth. pip. . . . ℥j.
M. Sig.—Teaspoonful when necessary.

FOR THE OPIUM HABIT.

Dr. E. C. Mann frequently prescribes the following combination:—

℞. Sodii bromidi,
Ammonii bromidi . . āā ℥ss.
Potassii bromidi . . ℥j.
Syr. hypophos. comp. . ℥iij.
Syr. tolu . . . . ℥j.
Aqua menth. pip. . . ℥iss.
Liq. potassii arsenitis . . ʒj.
M. Sig.—From one teaspoonful upward.

CEREBRO-SPINAL MENINGITIS.

Dr. J. V. Field (Texas Courier-Record) recommends—

℞. Ext. belladonna . . fʒxvj.
Ext. ergotæ . . . fʒvj.
Potassii bromidi . . . ʒj.
Aqua . . q. s. ad ℥viij.
M. Sig.—Tablespoonful every three hours.

ATHEROMA.

℞. Ammonii iodidi . . . ʒj.
Sodii iodidi . . . . ʒiss.
Aqua . . . . . ℥ij.
M. Sig.—One teaspoonful in water four times daily.

INFANTILE COLIC.

℞. Chloral hydrat. . . . gr. xij.
Aq. menth. pip. . . . ℥ss.
Syr. simp. . . . . ℥j.
M. Sig.—Teaspoonful every hour.

INFANTILE DIARRHŒA.

℞. Tinct. opii deod. . . ♏xvj.
Tinct. ignatiæ . . . ♏xx.
Syrupi rubri . . . . ℥ij.
M. Sig.—Teaspoonful every three hours.

CHOLERAIC DIARRHŒA.

℞. Spts. chloroformi . . . ʒj.
Tinct. capsici . . . ♏xx.
Morphia sulphatis . . gr. ij.
Acidi sulphurici dilut. . . ʒiij.
Syr. zingiberi . . . ʒiss.
M. Sig.—Teaspoonful every two hours.

INTERTRIGO.

℞. Acidi carbolici . . . gr. ij.
Bismuthi subnitratis . . ʒiij.
Ung. zinci oxidi benz. . . ʒj.
M. Ft. ungt.
Sig.—Apply externally four times a day.

CEREBRO-SPINAL MENINGITIS.

℞. Tinct. veratri viridi . . ʒss.
Tinct. gelsemii . . . ʒss.
Ext. ergotæ . . . . fʒv.
M. Sig.—Twenty drops in water every four hours.

ACNE.

℞. Tinct ferri chlor. . . . ʒij.
Magnesia sulphatis . . ʒss.
Acidi sulphurici dilut. . . ʒj.
Aq. menth. pip. . . . ʒiiss.
M. Sig.—Teaspoonful in water four times a day.

TYPHOID FEVER.

Dr. J. P. Thomas (Medical Herald) says: I am certain that stimulants are given much too lavishly in typhoid fever, and that they are very rarely necessary except during the last week, or after convalescence is established. In the use of opium, I am governed entirely by the indications for it. It is seldom required to produce sleep—this the vinegar sponge-bath usually accomplishes—but occasionally a moderate dose of opium is necessary to aid the bath in this respect.

In diarrhœa it is not needed; for, in my hands, the aromatic sulphuric acid, combined with fluid extract of ergot, is quite sufficient to control the diarrhœa; if not, the addition of a few drops of tincture of iodine will seldom fail.

This mixture—combined with the proper dose of the tincture of belladonna—will almost invariably check the excessive perspiration. Sometimes it is necessary to aid its action by a sponge bath of alum, quinine, and whiskey.

Calomel is given in small doses, combined with sugar of milk, and, if necessary, opium when the excreta shows hepatic torpidity or faulty secretion.

When the mouth and tongue are persistently dry and red, turpentine, or nitrate of silver, in mucilage is directed in repeated doses for their alterative effect until the tongue becomes more moist and natural in color.

Quinia is never given after the first forty-eight hours, and then only to confirm the diagnosis—except in those cases previously alluded to as complicated with a malarial element, and then not until the predominant disease has spent its force and is subsiding.

But the principal antipyretic upon which I have constantly relied and returned to—after a fair trial of the various new antithermal agents that have been offered to the profession in the past few years, antipyrine, thallin, etc.—is salicylic acid, in the following formula:—

℞. Salicylic acid . . . . ʒss.
Acetate of potassa . . ʒij.
Aqua,
Syr. limonis . . . āā ʒiv.
M. Sig.—Tablespoonful every two hours.

This is a salicylate of potash, but the most perfect solution of the acid is the result without effervescence. It is not unpalatable, is an excellent diuretic and eliminator both by skin and kidneys—the most reliable antipyretic yet discovered, and less harmful. In my hands, it has never produced any injurious effect upon the heart, and, with an occasional dose of digitalis, I have no fears of such results from its persistent use.

There are cases that, notwithstanding its continued administration, the pulse will persistently run above 130, when I have found one drop of the tincture of aconite per hour to have the happiest effect in controlling the undue action of the heart. This prescription is—in adult cases—usually directed to be administered every two hours when the temperature rises above 102° Fahr. and continued until it falls to 100° Fahr.

TONIC MIXTURE.

℞. Tinct. ignatiæ . . . ʒiss.
Acidi phosphorici dilut. . ʒij.
Tinct. serpentaria . . . ʒj.
Ext. taraxaci . . . . fʒij.
M. Sig.—Teaspoonful in water before meals.

CHOLERA MORBUS.

℞. Morphia sulphatis . . gr. j.
Tinct. belladonnæ . . ♏xx.
Tinct. capsici . . . ♏xvj.
Spts. chloroformi . . ʒss.
Aqua menth. pip. . . ʒj.
M. Sig.—Teaspoonful every half hour.

DIPHTHERIA.

℞. Tinct. aconiti rad. . . ℥ss.
Tinct. capsici . . . ♏xx.
Tinct. sanguinaria . . ℥iss.
Syr. limonis . . . . ℥ij.
M. Sig.—Teaspoonful every four hours.

GONORRHŒA.

℞. Tinct. bryonia alba . . ℥ss.
Tinct. hyoscyami . . . ℥j.
Potassii acetatis . . . ℥v.
Aqua . . . . . ʒv.
M. Sig.—Dessertspoonful four times daily.

CHORDEE.

℞. Morphia sulphatis . . gr. j.
Ext. stramonii . . . gr. ij.
Ol. theobroma q. s.
M. Ft. suppositoriæ No. iv.
Sig.—Use one at bedtime.

THERMIC FEVER.

℞. Tinct. aconiti . . . ♏xviij.
Chloral hydrat. . . gr. xviij.
Syr. simp. . . . ʒss.
Aqua . . . . ʒj.
M. Sig.—Teaspoonful every hour.

ASTHMA.

℞. Tinct. lobelia . . . . ℥ij.
Tinct. gelsemii . . . ℥j.
Vini ipecac . . . . ℥ij.
Aqua menth. pip. . . . ʒj.
M. Sig.—Teaspoonful every hour.

CHOREA.

℞. Tinct. veratri viridi . . ℥ss.
Ext. cimicifugæ . . . fʒiss.
Syr. simp. . . . . ʒiij.
M. Sig.—From a teaspoonful to a tablespoonful four times daily, according to the age of the patient.

PYROSIS.

℞. Tinct. nucis vomicæ . . ℥j.
Acidi nitro-hydrochlorici dilut. ʒss.
Tinct. cardamomi . . . ʒj.
Tinct. hydrastis . . . ʒiss.
M. Sig.—Teaspoonful in water before meals.

INFANTILE CONVULSIONS.

℞. Tinct. veratri viridi . . ♏xx.
Morphia sulphatis . . gr. ss.
Aqua . . . . . ʒj.
M. Sig.—Teaspoonful every half hour.

GASTRO-INTESTINAL CATARRH.

℞. Ext. stramonii . . . gr. ss.
Pulv. Doverii . . . ℥ss.
Bismuthi subnitratis . . ℥ij.
M. Ft. charta No. xii.
Sig.—One powder before meals.

Dr. W. H. Hammersly sends us the two following well tried prescriptions, which he has used with great success. For bad cases of diphtheria and sore throat in scarlet fever, he uses as follows:—

℞. Sulphur lactas . . . . ℥ij.
Ext. sanguinaria . . . ℥iiss.
Glycerine . . . . fʒss.
Syr. pruni virg. . . q. s. fʒij.
M. Sig.—One teaspoonful every two or three hours; or—

Externally—Sew a piece of bacon (covered with red pepper and salt) on a piece of flannel and apply to throat, and under no circumstances remove it until throat is well.

He also considers the following a specific in whooping-cough:—

℞. Potassii bicarb. . . . ℥j.
Coccus cacti . . . ℈j.
Tr. opii camph. . . . ℥iiss.
Tr. assafœtida . . . fʒj.
Ext. valerianæ
Vini ipecacuanha . . āā fʒij.
Syr. pruni virgini . . . fʒj.
M. Sig.—One teaspoonful four or five times a day.

CHLORODYNE.

℞. Chloroform . . . ʒiv.
Ether fort. . . . ʒv.
Alcohol fort. . . . ʒiv.
Molasses . . . . ʒiv.
Ext. licorice pulv. . . ʒijss.
Hydrochlorate of morph. gr. viij.
Ol. menth. pip. . . ♏xvj.
Syrup . . . . ʒxviiiss.
Hydrocyanic acid, dil. . ʒij.

Dissolve the morphia and oil of peppermint in the alcohol, and mix the chloroform and ether with the solution. Mix the licorice with the syrup and add the molasses. Shake these two mixtures well together and add the acid, shaking well again. Dose, five to ten to twenty minims. Shake the vial well before using each dose.—*New England Medical Monthly.*

INFANTILE CONSTIPATION.

Dr. Louis Starr recommends—

℞. Mannæ opt. . . . . ℥j.
Magnesii carb. . . . ℥j.
Ext. sennæ . . . . fʒiij.
Syr. zingiberi . . . ʒj.
Aqua . . . . . ʒiij.
M. Sig.—One teaspoonful two or three times daily.

℞. Resinæ podophylli . . gr. ⅙.
Spts. vini rect. . . . ♏xv.
Syrupi . . . . ʒj.
M. Sig.—One teaspoonful at bedtime.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, July, 1886.

THE OPPOSITION TO THE INTERNATIONAL MEDICAL CONGRESS.

THE Philadelphia and New York specialists are still busily engaged in intriguing to prevent the successful assemblage of the Ninth International Medical Congress in Washington in 1887. With this end in view, they have decided to arrange for a meeting of all of their special organizations in Washington in 1888, under the misleading appellation of "The Congress of American Physicians and Surgeons." Their next move will be to endeavor to impress European physicians with the idea that the International Medical Congress will be a failure, and that their select gathering in 1888 is the only one which will be worth crossing the Atlantic to attend. It is pitiable to see men who have been honored so highly by the American medical profession, so far forget all sense of gratitude and patriotism and descend so low in the scale of petty malice as to appeal to foreign medical journals to throw discredit upon the Congress. Disappointed ambition, however, knows no bounds.

CORRECT THE ERROR.

WE have received a number of letters from physicians in various parts of the United States, asking us why the British Medical Journal continues to announce that the Address in Medicine before the British Medical Association will be delivered by Surgeon-General, John S. Billings, M.D., United States Army, Medical Department. We regret that we cannot give a satisfactory reply to these multitudinous inquiries. Dr. Billings is an industrious bibliographer, and is known in both hemispheres as the editor of the Index Medicus and the compiler of the Index Catalogue of the library of the surgeon-general's office, but he is neither the surgeon-general nor the assistant surgeon-general of the United States Army. The surgeon-general of the United States Army is Brigadier-General Robert Murray, and the assistant surgeon-general is Colonel Glover Perrin, both of whom are veteran practitioners and surgeons of more than forty years of actual service.

As stated in THE MEDICAL BULLETIN for June, Dr. Billings is number forty-four on the roster of the medical corps for January, 1886, and number twenty-seven on the list of "surgeons with the title of major," having only entered the service in 1862. He is now on duty as one of the six assistants in the office of the Army Medical Department, in Washington. We are not acquainted with the character of his duties, but they have evidently been so onerous as to prevent him from discovering or correcting the error of the British Medical Journal. Strange to say, the same error was made last year by the Philadelphia Medical News and its followers. We trust that some of Dr. Billings's kind friends will have the necessary correction made even at this late day.

A PHILADELPHIA LETTER TO THE BRITISH MEDICAL JOURNAL.

THE following letter, which appeared in the British Medical Journal, of June 12th, is the first of a series of epistolary attacks which will be made upon the American Medical Association through various European journals. We republish it in full, in order that the American medical profession may thoroughly realize the unscrupulousness of the specialistic *coterie*, who, having failed to control the Congress, are now using their utmost endeavors to discourage European physicians from attending it. We have been informed that the writer of this refreshing letter is a recent acquisition to the Philadelphia *elité*, and that his semi-arrogant tone is due to the apparently well-founded belief that no American physician could be found competent to fill the vacancy to which he was called. It is well-known, however, that the selection was influ-

enced by various other matters which should not have entered into the question, and which need not be referred to here. It is commendable in the very learned gentleman to be anxious to serve his friends, but it would be advisable for him to refrain from further participation in the controversy, until he has had time to become fully conversant with the facts of the case. His first effort in their behalf would be extremely impertinent, if it were not amusing:—

THE OUTLOOK FOR THE INTERNATIONAL MEDICAL CONGRESS.

An occasional correspondent writes from Philadelphia: The annual meeting of the American Medical Association has taken place without effecting any essential change in the position of affairs, and without a restoration of that professional harmony which has been, of late, so sadly disturbed. It must be extremely puzzling for you, in England, to understand these dissensions; and I have no idea of attempting an analysis of the causes which have led to them; but it is a matter of some importance that you clearly comprehend the existing conditions. In the profession of every country, a limited number of men become widely known by their work and writings, and are regarded by their brethren as more or less representative, in the various departments in which they labor. It was from this class that the Original Congress Committee made the appointments to office. They ignored locality altogether, and the cities of the East, being older medical centres, came in for a very large share of these appointments. The committee did not act wisely in every instance; but, in selecting the most eminent men for responsible places, they followed the custom of European countries in which congresses have been held. In ignoring altogether the Code question, which had divided the profession in New York State, they may have erred grievously (and, if so, grievously have we all answered for it); but it was done with the best of intentions, and in the fulfilment of a specific promise made at Copenhagen. The spirit of the subsequent action of the American Medical Association, in repudiating the work of the Original Committee, can be understood from the following extract, taken from a recent number of the journal of the association: "The medical profession of this country will not be content to sit and see a few men arrogate to themselves all the learning, all the prestige, and everything else which goes to make the complete professional man. Our country, our customs, and institutions, are too democratic to allow a few men to style themselves 'representative.'" This democratic spirit has had full play with the sad effect of alienating a majority of the men who, to an independent onlooker, must be regarded as essentially the representative men of the profession. It is useless for the present organizers of the Congress to comfort themselves with the thought that they have filled the places of the "irreconcilables" with men equally good for Congress purposes. A comparison of the officers of sections named by the Original Committee, with those finally selected by the present committee, affords a most painful contrast; and the notable absence in every section of the men most prominent in American medicine, will strike even the casual observer. The great cities of the East—Boston, New York, Philadelphia, and Baltimore—will not be represented scientifically, for, with two or three exceptions, the leaders and workers will hold aloof. Austin Flint, Jr., Lewis Sayre, and Lewis Smith, of New York, are the only men of first rank to represent the East in the present Congress. A list of those who are "out" will embrace the men best known in Europe as American writers and workers, such as Bigelow, Bowditch (H. J.), Bowditch (H. P.), Holmes, Warren, Chadwick, and Homans, of Boston; Delafield, Draper, Dalton, Loomis, Seguin, Sands, Markoe, Jacobi, Lusk, Barker, and Lefferts, of New York; Stillé, Da Costa, Pepper, Bartholow, Goodell, Gross, Weir-Mitchell, Agnew, Ashhurst, Wood, and Leidy, of Philadelphia. It has been a struggle of the West and South against the North and East, and the West and South have won. Perhaps, in the hands of the men now in office, the Congress may be made more distinctively American than if the men of the East were in charge, who are strongly tinctured with European methods, and would have managed the meeting in a conservative fashion. The local attendance will certainly be large, and there are, in the present organization, men of sufficient force and weight to insure for the meeting a certain measure of success; but, scientifically, the outlook is, at present, far from brilliant.

MEDICAL NEWS AND MISCELLANY.

Dr. S. Y. Howell has been appointed Lecturer in Pathology in the University of Buffalo.

Dr. W. Worthington Myers was married on June 16th to Miss Emma I. McCulloch, of Philadelphia.

Dr. W. S. Applegate, of Fairton, New Jersey, was married on May 26th, to Miss Mary I. Vail, of Boston, Mass.

Dr. Henry G. Landis, late Professor of Obstetrics and Diseases of Women and Children in the Starling Medical College, Columbus, Ohio, died in Philadelphia on May 22d.

B. B. BRAHEAR, A.M., M.D., of Akron, Ohio, has been elected to the Chair of the Theory and Practice of Medicine in the Medical Department of the University of Wooster, Cleveland, Ohio.

THE numerous friends of Dr. W. F. Westmoreland, editor of the Atlanta Medical and Surgical Journal, will be pleased to learn that he has recovered from a tedious illness, and will soon resume active professional and editorial work.

THE CONNECTICUT STATE MEDICAL SOCIETY has elected the following officers for the ensuing year: President, Dr. T. M. Hills, Willimantic; Vice-President, Dr. Francis Bacon, New Haven; Secretary, Dr. S. B. St. John, Hartford; Treasurer, Dr. E. P. Swasey, New Britain.

DR. G. C. SAVAGE, an esteemed contributor to THE MEDICAL BULLETIN, has been elected to the Chair of Otology, Opthalmology, and Laryngology in the Medical Department of Vanderbilt University and the University of Nashville, which was made vacant by the death of Dr. Van S. Lindsley.

THE ILLINOIS STATE MEDICAL SOCIETY has elected the following officers for the ensuing year: President, Dr. W. T. Kirk, Atlanta; Vice-Presidents, Dr. E. Wenger, Gilman, and Dr. W. T. Ensign, Rutland; Secretary, Dr. D. W. Graham, Chicago; Treasurer, Dr. Walter Hay, Chicago; Assistant Secretary, Dr. H. J. Reynolds, Chicago.

THE OHIO MEDICAL SOCIETY has elected the following officers for the ensuing year: President, Dr. Thomas McEbright, Akron; Vice-Presidents, Drs. J. M. Weaver, Dayton, W. S. Battles, Shreve, X. C. Scott, Cleveland, Jesse Snodgrass, Kenton; Secretary, G. A. Collamore, Toledo; Assistant Secretary, E. C. Brush, Zanesville; Treasurer, T. W. Jones, Columbus.

DR. WILLIAM O. BALDWIN, one of the most distinguished physicians of the United States, died at his residence in Montgomery, Ala., on May 30th. Dr. Baldwin was one of the founders of the Medical Association of Alabama, and served as its president for a number of years. In 1869 he was elected President of the American Medical Association, and last year he was appointed one of the vice-presidents of the Ninth International Medical Congress.

IT is really painful to see the sickly efforts of our valued contemporary, the New York Medical Record, with its rapidly decreasing subscription list, to belittle the enthusiastic meeting of the American Medical Association at St. Louis. Surely the obstetric record of this mountain in bringing forth such a diminutive mouse after its fearful efforts of the last two years in trying to break up the association, should carry a serious lesson to people who attempt to carry more than they can conveniently lift. We would suggest the Hot Springs, Arkansas, under the care of our good friend Keller, as a good remedy for malingering.—*New England Medical Monthly.*

PROFESSORS WILLIAM H. PANCOAST AND JOHN V. SHOEMAKER, of the Medico-Chirurgical College and late of the Jefferson Medical College, sailed for Europe on Saturday, June 19th. Drs. Pancoast and Shoemaker were appointed delegates by the American Medical Association, at its meeting in St. Louis, to the British Medical Association, and all other European medical societies. They both go also in the interest of the Ninth International Medical Congress, which will meet in Washington in 1887. Dr. Shoemaker likewise represents the Association of American Medical Editors, of which he is president.

SUMMER DIARRHŒA.—In the large class of summer diarrhœas of children and adults, with griping in the bowels and flatulence, the use of Listerine, in doses varying from ten drops to a teaspoonful (with or without water), has a most salutary and pleasing effect.

It can be administered at short intervals after eating, as soon as regurgitation, distension, or acidity occurs. Its action in arresting excessive fermentation is prompt, besides it exercises a decided sedative influence on the mucous membranes of the stomach.

The thymol, menthol, and boracic acid which, with the quota of alcohol necessary to their proper admixture, form the principal elements of Listerine, lend to this compound a special value in this class of cases.—*New York Med. Journal.*

THE RECENT MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—The immediate effect of the St. Louis meeting of this important national body must be to strengthen its own position at home and abroad, and to assure the profession everywhere that the International Medical Congress will certainly be held in the fall of 1887, according to the programme prepared for it. The association unanimously adopted the report of its own Committee of Arrangements, appointed last year, and transferred the whole care of the Congress to the Executive Committee. This is as it should be, and it is to be hoped that many of those who have hitherto held aloof from prospective participation in the Congress from personal feelings, or from sympathy with those who imagined that they had cause of dissatisfaction at the course of the association in the matter, will sooner or later count themselves among the active workers for the success of the Congress, with the view of tendering to the profession of the whole world the warm reception which our characteristic hospitality as a nation and as individuals should fully guarantee.—*The College and Clinical Record.*

PROFESSOR WILLIAM H. PANCOAST.—A complimentary dinner was tendered to Professor William H. Pancoast by the Alumni Association of Jefferson Medical College, on his retiring from the Chair of Anatomy in the College. The dinner took place at the Hotel Bellevue, Philadelphia, Thursday, June 17, 1886. We know there is no one for whom the alumni feel a higher regard than Professor Pancoast, and he is well worthy a dinner at their hands. . . . The chair of the Pancoasts is no longer to be held by a Pancoast, and we are sure the Pancoast family will not suffer by the change. The successor in the Chair of Anatomy will have a difficult task before him in maintaining the record of his predecessors. Few men can be the skilful anatomist and possess the ability to present the dry bones and severe anatomical facts in such brilliant and attractive array as to rivet the attention of the dullest student, in the manner of the Pancoasts, without ever having indulged in a single vulgar joke or a remark which would be unbecoming the dignity of any man. The many thousand graduates of old Jefferson scattered throughout the country can but regret the retirement of such men, and indulge the fear that the evil days have come upon their *Alma Mater* when her atmosphere ceases to be congenial to her best men.

The Review offers the sentiment: Long life to Professor Pancoast and Jefferson Medical College, and may the latter send others of its Faculty to visit St. Louis, if they can vie in talent, courtesy, and magnetism with the member but recently among us—Professor Pancoast.—*Weekly Medical Review*, June 12, 1886.

HONOR TO WHOM HONOR IS DUE.—Mr. J. W. Lambert, to whose untiring labor the wonderful success of the several features of the last session of the American Medical Association is almost wholly due, was yesterday the recipient of an exquisite watch, which was presented to him by the Committee of Arrangements as a token of their appreciation. During the morning Mr. Lambert received a note, asking him to call at the office of the chairman of the committee, who addressed him in a neat speech, telling him how amply the Arrangement Committee were indebted to him for the successful meeting they had had. How, when everything foretold a failure, he had been called on. He had responded to the call, and earnestly and unselfishly worked for them. He spoke in the most complimentary manner of the modesty that characterized Mr. Lambert's labors. He said that during the entire time he had kept himself in the background, never thrusting himself forward or seeking notoriety, but quietly doing the work while others bore the honors. In conclusion, he said that the committee felt that nothing they could do would absolve them from the debt of gratitude they owed him, nor did they desire to be absolved, but the feeling of them all was, that their greatest pleasure would be to present him with a token of their esteem and appreciation.

Mr. Lambert thanked the committee for the present and the kind feeling that prompted it. He did not think that the work he had done was commensurate with the reward, but appreciated highly their estimation of it, and said that he would ever hold it as a pleasing memento of the occasion and hand it down to his children with pride. Dr. McPheeters then addressed Mr. Lambert with a few complimentary remarks.

The watch is one of Jurgensen's repeaters, and has on the outside of the case the monogram, "J. W. L.," and within, the inscription, "To J. W. Lambert, from the Entertainment Committee, A. M. A., 1886."

The recipient first organized the Citizen's Committee, and personally secured most of the money raised by that committee. In one day he obtained more than half the amount that was raised altogether. He alone attended to all the arrangements for the magnificent reception which was tendered the physicians, and he carried them to perfection unaided.—*St. Louis Globe-Democrat*, May 28, 1886.

AMERICAN MEDICAL ASSOCIATION. — The Thirty-Seventh Annual Convention of the American Medical Association, held in St. Louis, was marked for the harmony that prevailed and the excellence of the papers presented. The meeting was a large one, and its scientific results were not inferior to those of any previous convocation.

For long before the meeting, the friends of the Original Committee of Arrangements of the anticipated International Medical Congress filled the air with rumors of a grand row, which their organs said would occur at the annual meeting in St. Louis. No such thing, however, materialized, but, upon the contrary, there was a oneness of mind upon the subject of the Congress, singularly universal.

The report of the Enlarged Committee on the organization of the Congress was unanimously adopted by the association. The Enlarged Committee having selected the provisional officers of the Congress and of the sections, and thus provided an Executive Committee of the Congress to take all further control of its affairs, its services were no longer needed, hence, as was requested in the final report, the committee was discharged.

No doubt the enemies of the American Medical Association, the majority, if not all of whom denominate themselves specialists, were much encouraged in the active war they have urged, by the fact that the Enlarged Committee was composed of one man from each State, Territory, and Medical Department of the Government, thus making a ponderous organization, which they naturally supposed could never secure a

working quorum under the fire from their artillery. If this view was entertained, these gentlemen sadly underrated the constituent elements of that committee; for when the meeting was called in Chicago, as well as in New York, the committeemen poured in from all parts of the country. They felt the necessity for action, abandoned their practice, footed their own bills, and in many instances traveled thousands of miles in obedience to feelings of loyalty and devotion to duty. Such men are not to be "bulldozed" nor made to "eat crow."—*Mississippi Valley Medical Monthy.*

HELENIN IN DIPHTHERIA.—Dr. Juan Beltrán Obiol has communicated to La Cornica Médica, a paper on the subject of the successful treatment of diphtheria by means of helenin. He refers to a work by Dr. E. Pilatte, published in Paris, and entitled "Recherches Experimentales sur le Bacile de la Tuberculose," in which it is stated that the three substances most destructive to cultivations of bacilli are, in the order of their activity—(1) Sulphuretted hydrogen; (2) corrosive sublimate; (2) helenin. The first two of these are, of course, out of the question for diphtheria. Helenin, therefore, is the only one which can be used for this purpose. Dr. Obiol is very particular about the helenin he employs, for he finds many specimens in the market which are exceedingly impure. When pure, he says it is perfectly white and flocculent, like sulphate of quinine. It has an aromatic odor, and a bitter aromatic taste. It is insoluble in water, and does not communicate to it any opalescence. It is very soluble in alcohol, and even more so in ether, the solution being clear, colorless, and depositing no sediment. It is also soluble to the extent of two per cent. in oil of sweet almonds. Specimens are apt to be granular, heavy, yellowish, only slightly bitter, with a resinous odor, and they sometimes impart opalescence to water, and deposit a precipitate from their solution in alcohol and ether. Another substance sold as helenin, but which is said to be a derivative of shalin and not to possess the antiseptic properties of helenin, is crystaline, only slightly soluble in ether and alcohol, and not at all in oil of sweet almonds. The pure drug is insured by prescribing "helenin" (Baeza). The author's plan was to apply powdered camphor on the end of the finger to the diphtheritic patches and then to paint them over with a solution of helenin in oil of sweet almonds. This was done at first every four hours, and quickly produced complete destruction of the false membrane. The drug was also given internally in doses of one grain and a half to children of six years of age, care being taken to administer the powder after the application, as the latter sometimes induced vomiting. The author had great success with this method of treatment, but he insists on the necessity of the local applications being made by the medical man himself, as far as possible, and not left to the parents. He found that when he commenced the treatment on the first day of the disease, a single day was sufficient to effect a cure; when he commenced on the second day, two or three days were required; when on the third or fourth day, from six to nine days were needed; but when he did not see the patient till the fifth or sixth day, the hope of effecting a cure was not very great. In his experience albuminuria did not occur. The only unpleasant action of helenin is its constipating effects, against which it is necessary to guard by giving laxatives.—*Lancet.*

A COMPLIMENTARY BANQUET; A DINNER TO THE PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION.—The banquet given at the Linden Hotel, Wednesday evening, June 3d, by the medical fraternity of St. Louis, in honor of E. H. Gregory, President of the American Medical Association, was a pleasant affair, and a fitting compliment to the distinguished beneficiary. Three long tables were arranged in the shape of a horse-shoe in the ladies' ordinary, and were lavishly decorated with rare flowers wrought into appropriate designs. The supper was all that could be desired, and was served in courses. Dr. J. B. Johnson presided, and among the eighty guests who were present, the following were called upon to respond to toasts: Drs. T. L. Papin, E. F. Smith, P. G. Robinson, H. H. Mudd, N. B. Carson, C. A. Todd, W. B. Outten, F. J. Lutz, and G. A. Moses.

In response to the toast, "Our Guest—May he be as honored in the future as he has been useful in the past," Dr. Gregory responded, saying:—

Gentlemen—I may almost say my students—my position is novel. I am more nervous than on my wedding day. The central figure of a banquet hall, in the midst of a galaxy of medical talent. My emotions are peculiar. I, who have stood between welling, spouting blood and grim death, cannot understand the mysterious perturbation of this moment, anticipating the possibilities. I have written what I find in my heart to say:—

"This is a royal entertainment, and right royally do I thank you. The generosity of my friends passes all understanding. The question often comes, has another man such friends? I am indebted to my home friends, my life-long friends, my indefatigable, self-sacrificing friends for the proud distinction of being your honored guest to-night. Mark you, I am not unmindful that the honors of this occasion are due to the presidency, and not to the president of the American Medical Association.

"The American Medical Association is the oldest and largest representative body known to

history. A gigantic consultation for the relief of the suffering world. For forty years it has protected our interests, maintained our honor, increased our knowledge, and extended our usefulness; through it the profession has been introduced to the world as a body. In fact, the profession exists as a whole, in the association. In its early history, it represented only general medicine; now, through its several sections, it represents all the important specialties. This latter feature is most important and advantageous, suggesting the propriety of discouraging the formation of new associations, having for their object medicine and general surgery, for such associations must weaken the parent trunk by diverting influence and intent from its legitimate purpose. We need no national associations of physicians and pathologists, no national surgical association. To be the representative head of this great body of enlightened physicians is, indeed, a great honor. Again, couple the fact that this dignity is without patronage, and one sees at once the work of disinterested friendship, the work of friends who have no personal interest or personal advancement at heart. For all this I am proud; for all this I can only tender my poor thanks; doubt not my sincerity; doubt not my gratitude, for I am heartily in earnest."

The delight and joy was unconfined, and the amount of wit and humor which sparkled and bubbled on all sides, was only paralleled by the champagne in its abundance and freedom, the whole concluding with "Auld Lang Syne."—*Weekly Medical Review.*

THE AMERICAN MEDICAL ASSOCIATION.—The Medical Record, of New York, and a few other journals of less note have been indulging in expressions calculated to create the impression that the recent meeting of the association was less representative of the whole profession than most of its predecessors; and that the action of its Judicial Council in reference to the admission of the delegates from the Philadelphia County Medical Society, had started a serious split in the membership of the association. To the latter accusation the Medical and Surgical Reporter, of Philadelphia, of May 22d, replies so directly and truthfully that we quote from it as follows:—

"It is hardly fair to speak of a split when only a few fibres are carried away; it would be more correct to say a shave or a scrape. The main body of the American Medical Association is today more united than it ever was, and it has lost the allegiance only of those who 'got mad' because they could not control. We cannot help but see that the action of the Judicial Council was eminently proper in the case of the alleged delegation from the Philadelphia County Medical Society. There were two sets of delegates before them; one set had been regularly and legally nominated, but they were not elected; the other set had been elected, but, and this is a big BUT, they had not been legally nominated, and as such nomination is, according to the constitution and by-laws of the society, a *sine qua non* of a legal election, every unbiased mind must hold that they were not legally elected. Hence, the clear position was that the Philadelphia County Medical Society had no legally accredited delegates, and the society was not entitled to recognition."

The pretence that the recent meeting at St. Louis was in any sense more geographical or less generally representative than in former years, is very easily disproved by reference to the facts. Probably no three meetings could be chosen from the whole history of the association affording a fairer basis for comparison than those held in New York, 1880, Washington, 1884, and St. Louis, 1886. The first was in the great metropolis of the Atlantic States, immediately surrounded by the greatest density of population and the most complete social organization of the profession; the second in the capital of the country, with more local attractions than any other city; and the third in a great city in the central part of the Mississippi Valley. The number of members attending each of these meetings was between one thousand and twelve hundred, embracing delegates from almost every State and Territory in the Union.

The six States that furnished the largest number of members in the meeting at New York in 1880, were New York, Pennsylvania, Massachusetts, New Jersey, Michigan, and Connecticut; New York alone furnished three hundred and nineteen, or very nearly one-third of the whole number present.

The six States having the highest number of members in the meeting at Washington, 1884, were Pennsylvania, Ohio, New York, Indiana, Illinois, and Iowa; Pennsylvania sending the highest number, it being two hundred and nineteen.

The six States having the highest number of members in the meeting in St. Louis in 1886, were Missouri, Illinois, Iowa, Indiana, Pennsylvania, and Ohio; Missouri furnishing two hundred and fifty-two, or less than one quarter of the whole number in attendance. The only States not represented in the meeting at St. Louis were New Hampshire in the northeast, Delaware in the middle Atlantic region, Alabama in the south or Gulf region, and Nevada and Oregon in the extreme west. These facts show the entire fallacy of claiming that the recent meeting was less representative of the profession of the whole country than those held at any former period. If such a claim could be made in reference to either of the three meetings we have

named, it would be the one held in New York in 1880, where a much larger proportion of members belonged to the State in which the meeting was held, than in either of the others. Again, in 1880, the regular paying membership of the association was less than two thousand, while it is now double that number, and is composed of representatives from the State, county, and other local medical societies in every State, aggregating between thirty and forty thousand of the most active, enterprising members of the profession of the United States. These facts do not afford much support to the idea that the association is about to crumble to pieces, or be speedily succeeded by a "Congress of American Specialists," constructed from a union or confederation of half a dozen American specialist organizations whose entire aggregate membership will hardly number five hundred.—*Journal of American Medical Association.*

MASSAGE AS A THERAPEUTIC AGENT.—It is no easy matter to say in what class of diseases massage proves most useful. Unfortunately, its employment has been advocated in many cases for which it is essentially unsuited. Accurate diagnosis is of the utmost importance, and the sphere of usefulness of this remedy will, with increased experience, become more accurately defined. My best results have been in infantile paralysis; and it was in consequence of the success achieved in certain obstinate cases of this disease, that my attention, as has been elsewhere stated, was directed to the subject. Progress is often slow, but the ultimate results are most satisfactory. The nutrition of the parts is maintained until new cells in the spinal cord take on the functions of those which have undergone degeneration, or have been destroyed. Massage is, undoubtedly, of much value in many cases of obstinate neuralgia, and succeeds admirably in some forms of muscular pain, such, for example, as those described by the late Dr. Inman, under the term "myalgia." There is a general concensus of opinion that it is well adapted for the treatment of chronic joint affections; and most of those I saw treated by von Mosengeil were such as would, in this country, be considered incurable, or would drift into the hands of "bone-setters." There are some diseases of internal organs in which it is undoubtedly useful. Not long ago, a gentleman, aged sixty-eight, came to me complaining of shortness of breath, and increasing disinclination to take exercise. He had been in business, and had led a most active and energetic life. Three or four years ago he retired, and, from that time, experienced a gradual falling off in health. His appetite was poor, his bowels were obstinately confined, and he was nervous and anxious about himself. He was found to have a loud apex systolic murmur, and the heart's action was weak and irregular. I suggested massage, which was carried out systematically four days a week, for a period of six weeks. He improved from the very first, and, before the conclusion of the course, was better than he had been for many months. His appetite returned; his hands and feet were warmer; the bowels became regular; he slept well at night; and his spirits improved in a most satisfactory manner. In other cases of obstinate constipation, especially in women, I have known massage of the abdomen do a great deal of good.

In a well-known group of symptoms from which women frequently suffer, massage is essentially useful. I recently saw a lady, aged forty-five, or thereabouts, a professional singer, who was laboring under the impression that she was going mad. She was so nervous that she was quite unable to accept an engagement, although she had been constantly before the public, and had hardly missed a night for twenty years. She told me that she felt she was not to be trusted, and that, if left alone, she would do herself or her children an injury. She was afraid to go near an open window, so great was the temptation to throw herself out; and she even begged that the knives might be removed from the table at dinner. These symptoms were greatly intensified after each monthly period, and she insisted that she was suffering from cancer or some organic disease of the stomach or womb. She was restless at night, and would often get up in the early morning, and walk for hours, until thoroughly exhausted. She was given full doses of the bromides—a drachm, or more, four times a day—but with only temporary benefit. Massage was then tried; and it seemed, to use her own expression, to soothe her and calm her, and make her forget her troubles. The case was a prolonged one, but now, at the expiration of three months, she is much better, and will soon be able to resume her professional duties. In several other cases of restlessness and inability to sleep, the same method of treatment has proved efficacious.

Dr. Graham, of New York, speaks highly of massage in the treatment of neurasthenia. He uses it for those "who, in spite of rest, change, and medication, have become chronic neurasthenics, the result of business reverses, overwork, worry, loss of relatives, disappointed hopes, or as a sequel of some affection that has existed in some part of the system, but which has recovered or has become of secondary importance." These symptoms may be somewhat ill-defined; but, I have certainly found massage of the greatest use in what, for want of a better name, has been called "spinal nervous weakness," or "neurasthenia spinalis."

In the treatment of corpulence associated with

constipation, massage is of much value. Some months ago I saw a lady, aged thirty-eight, who, as the result of much good living and little exercise, had become inordinately stout. She was very short of breath, and was disinclined for exertion of any kind. She had been fond of literary pursuits, but even those had lost their charm, and were irksome to her. She was extremely irritable, and a source of trouble and anxiety to her friends and relatives. Massage was prescribed, and in two months she lost a stone and a half in weight, and improved notably in other respects.

For many forms of menstrual disturbance, massage may be safely prescribed. I recently saw a young lady, aged nineteen, who suffered intensely at each monthly period, the pain being so severe, that hypodermic injections of morphine had to be resorted to. Massage of the abdomen and pelvis was prescribed, and from that time there was no return of the trouble. Cazeaux has reported several similar cases, in detail. In the convalescence from acute illness this mode of treatment is a great help and comfort to the patient. There can be no doubt that massage is a very valuable therapeutic agent, and is likely to yield good results in many complaints other than those I have roughly indicated.—WM. MURRELL, M.D., F.R.C.P., *British Med. Journal.*

DINNER TO PROFESSOR WILLIAM H. PANCOAST, M.D., ON HIS DEPARTURE FOR EUROPE. —More than a quarter of a thousand of representatives of the legion of friends, admirers, and some-time students and medical *confrères* of Professor William H. Pancoast, M.D., gave a dinner at the Bellevue to that eminent medical teacher, on his approaching departure for a brief holiday in Europe, before entering on his new professorship in the Medico-Chirurgical College.

In his honor there was an attendance of notable men in medicine, journalism, and the liberal professions generally, a minimum fraction of the professor's friends of thirty years. Were it possible for one Bellevue banquet to be compared as better than another, this was that occasion, wherein good cheer, hale fellowship, learned companionship, and brief but brightest of after-dinner utterances, made the early evening hours only too fleeting.

Professor Addinell Hewson, as chairman, graced the head of the three-fold tables. On his left the guest of the evening, Prof. Pancoast, was seated, and at the right Dr. W. Brodie, president of the American Medical Association. Next on either side appeared the venerable Dr. Henry H. Smith and Dr. Albert Fricke, other of the seniors in medical life being placed in order following these Nestors of the healing art.

Letters of regret were read by Professor Addinell Hewson from His Excellency Governor Pattison, Hon. Ulysses Mercur, Chief Justice of the Supreme Court, Hon. Judge James Mitchell, Mayor William B. Smith, Hon. Daniel M. Fox, Mr. George W. Childs, Mr. A. K. McClure, Mr. Wm. W. Harding, Dr. Hiram Corson, Dr. J. P. Widener, Los Angeles, Cal.; Dr. Richardson, of New Orleans; Dr. Love, of St. Louis; Dr. P. S. Conner, of Cincinnati; Dr. A. Reeves Jackson, of Chicago; Professor R. Ogden Doremus, of New York; Dr. N. S. Davis, of Chicago.

Notes regretting inability to participate, and expressing the highest regard for Professor Pancoast were received from Mr. A. R. Baker, Dr. Gaillard Thomas, Mr. A. Rothrock, Mr. W. V. McKean, Dr. William Osler, Mr. Thomas Ridgway, Dr. E. W. Bruen, Dr. C. W. Kelley, Mr. Howard Roberts, Governor William Bunn, Dr. Schultz, Professor Joseph Leidy, Dr. Roswell Park, Dr. John B. Hamilton, Dr. T. A. Emmett, Dr. D. B. Brinton, Dr. Austin Flint, Jr., Dr. J. H. Baxter, Dr. J. M. Toner, Dr. Polk, Dr. J. C. Culbertson, Dr. William A. Hammond, Dr. Louis A. Sayre, Mr. William Snowden, Mr. Howard Munckhuysen, Dr. Wesley M. Carpenter, Dr. Fred. S. Dennis, Mr. John Norris, Mr. John H. Taggart, Mr. Edward F. Arnold, Dr. Phineas Horwitz, Mr. John Tucker, and others.

Among the gentlemen present were Drs. William B. Atkinson, Secretary of the American Medical Association; Thomas H. Andrews, Secretary of the Alumni of Jefferson Medical College; R. J. Duglison, W. C. Wile, John V. Shoemaker, S. R. Knight, Leonardo S. Clark, P. D. Keyser, F. Fisher, St. Clair Ash, W. M. Welch, F. Woodbury, H. Leaman, Frank H. Getchell, James Collins, Thomas Hay, James I. Levick, S. R. Pancoast, W. Anderson, R. N. Townsend, W. H. Warder, E. E. Montgomery, Mark L. Nardyz, H. Morris, W. W. Glentworth, W. Erkwurzel, George E. Stubbs, A. K. Minich, F. F. Cassady, Henry C. Boenning, William S. Stewart, R. S. Curtin, James Wilson, William F. Waugh, William R. Warner, Laurence Turnbull, William G. Winder, Joseph W. Anderson, J. O. Knipe, A. C. Bournonville, W. R. Cruise, J. C. Cooper, W. S. Dodd, L. Harrison Mettler, James Van Buskirk, D. N. McQuillen, N. Hatfield, Elwood Wilson, H. H. Smith, Albert Fricke, L. J. Deal, Robert Newman, George H. Rohé, E. P. Allen, C. W. McKeehan, Dr. Wild, B. H. Throop, G. Milton Bradfield, W. Brodie (President of the American Medical Association), A. N. Bell, Peter McCahey, and Messrs. E. L. B. Godfrey, J. N. Quimby, Clayton McMichael, Albert Pancoast, W. S. Lewis, L. C. Davis, M. P. Handy, W. T. Tiers, H. L. Taggart, Albert N. Lewis, A. M. Parry, and others.

Formal toasts were dispensed with, but the more prominent guests present were called upon in due order by Dr. Andrews, acting as moderator and toast master, and replied in the happiest and most earnest manner.

The guest of the evening, on being called upon, responded gracefully and eloquently in an interesting speech, an outline of which is herewith given.

Professor Pancoast, on rising to make his acknowledgments, was received with a perfect storm of applause. After expressing his sense of the great compliment paid him, he spoke of his twenty-seven years of association with the Alumni of the Jefferson, and said it made him happy to feel that they believed him loyal to their *Alma Mater* and to the principle of practical teaching impressed upon the school by the genius of its founder, Dr. George McClellan, its fame perpetuated by the famous faculty that kept its ranks unbroken for a period of thirty years.

The departure in this practical teaching from the European system and that of the University at that period was remarkable. The two colleges—the University and Jefferson—were called the mother schools of the country. The Jefferson, the daughter of the University, was the mother of the practical system of instruction so exactly suited to the American genius. The anxiety of his father, Dr. Pancoast said, the perseverance of his colleagues, succeeded in making Jefferson the great practical school of the country.

The rise of the Jefferson Hospital was the next theme of the professor's address. He described the modest beginning of that institution, and its influence in drawing closer still the relations of didactic and clinical teaching. The establishment of laboratories, Dr. Pancoast said, was decided by his vote in the Faculty, adding that he mentioned that and one or two other facts to which he alluded, merely to show that he was always in favor of development and progress, and that therefore his resistance to the movement to make the Chair of Anatomy and Clinical Surgery less practical by dividing its branches was not to be wondered at. The policy recently inaugurated at that school was retrograding towards theoretical teaching in the separation of surgery and anatomy, the abolition of the post-graduate course, and the dismissal of Dr. Atkinson and Dr. Shoemaker from the spring course without a word of thanks. A management of that character he thought hardly likely to meet the wishes of the alumni.

"I could not," Professor Pancoast continued, "permit the Chair of General Descriptive and Surgical Anatomy and Clinical Surgery, which had been made illustrious by the work of my distinguished father to be crippled while I was its representative. My relations with the majority of the Faculty and the successive classes I found it hard to sever, especially as the students paid me the great honor of asking for my portrait, and sent me a unanimous request to reconsider my resignation. I acted, however, from a sense of duty, and aided the election of my successor."

Professor Pancoast then spoke of his determination on resigning to go abroad for a year or two, and the influences which had induced him to reconsider that resolve and continue teaching in a new sphere. This, of course, led him to speak of the Medico-Chirurgical College, and of its forming, as described exclusively in the columns of The Inquirer in its issue of yesterday, the nucleus round which four other institutions were about to cluster, the whole forming a great new medical school, suddenly starting into being, not in rivalry, but in generous emulation of the University and the Jefferson. The Faculty, Dr. Pancoast said, was reinforced with alumni from the Jefferson. The new institution thus arising in full efficiency would be, therefore, practically an offshoot of that great school. It would be no drawback, but an advantage to the other schools, aiding both, and affording opportunities for the talent which is constantly being developed in this city.

Professor Pancoast also said that he would always love and respect his *Alma Mater*, though for the reasons he had explained he was dissatisfied with the present management of the Faculty, and it was that dissatisfaction which had led him to withdraw, and to transfer his services, and with them his extensive museum, to the Medico-Chirurgical College, which, he added, was about to coalesce with the Charity Hospital, the American Hospital of Skin Diseases, the Philadelphia School of Anatomy, and the great and successful Philadelphia School of Dentistry.

After remarking that any mismanagement at the Jefferson could only last for a time, and that the college would again return to its practical system in all points, Professor Pancoast gave some account of the fine building on Cherry Street near Seventeenth, about to be occupied by the allied colleges, and went on to show how the existence of a third school would attract students, make opportunities for usefulness for medical instructors, benefit the suffering, and aid the progress of medical science. With a word or two more of thanks to his friends, Professor Pancoast resumed his seat amid prolonged cheering.

Dr. W. C. Wile made a spirited speech, which was interrupted again and again by the laughter and applause of his listeners, and Dr. Andrews also called upon the following gentlemen, all of whom responded briefly but felicitously to the invitation: Mr. Moses P. Handy and Dr. Minich, each of whom won fresh laurels as a speaker by the remarks made in response to Dr. Andrews's request; Dr. William Brodie, of Detroit, Mich.; Dr. H. H. Smith, Hon. B. T. Briggs, Colonel Clayton McMichael, Dr. Isaac Quimby, of Jersey City; Dr. A. N. Bell, Mr. C. W. McKeehan, Dr. P. D. Keyser, Dr. Knight, and Dr. Sharpe, of Salem, N. J.

The departing professor was eulogized and overwhelmed with praise from his senior and junior fellow-members of the medical guild, as well as by his many compeers in the other learned walks of life.—*Philadelphia Inquirer*, June 18th.

COMMERCIAL NEWS.

To The Medical Bulletin:—Permit us to say a few words in regard to "Caulocorea" in menorrhagia. Mrs. Y., aged 21, commenced to menstruate at the age of thirteen. At her second flow she caught cold, as her mother thought, and since that time her monthlies continue from one to two weeks. We were consulted; gave her the best treatment we knew, without any benefit. She was then treated by physicians of other schools, and brought back to us about the 1st of December, 1885, in an anæmic condition, her health entirely broken down. Seeing Caulocorea (manufactured by Dr. J. W. Lowell & Co., of Portland, Me.) recommended highly, we gave it a trial. We used it according to directions, in connection with the different preparations of iron. To-day, we have the satisfaction of saying she is perfectly free from her old complaint, menstruates regularly, and is in good health other ways.

We believe the Caulocorea to be the remedy for such uterine troubles.

Yours truly,
F. J. C. Rawlins & Son.

Maple Valley, Ind., April 7, 1886.

Editor of Northwestern Lancet: Not long since I had brought to me a child of six months, suffering from the following symptoms: Constipation, at times irregular action of bowels, regurgitation of food, and an asthmatic cough. Its mouth was full of thrush sores, and its appearance one of poor nourishment. It had been given a number of Infants' Foods in vain, one of which I prescribed myself. By means of mild medication, directed towards the cough and stomach, something was accomplished. Finally, I gave "Carnrick's Soluble Food," and had the satisfaction of having it retained, and at last accounts the child was doing nicely. I am inclined to think this food is worthy of attention on the part of the profession. It recommends itself in that it contains caseine, rendered soluble by pancreatine, starch converted into dextrine and maltose. Hence it requires but little preparation, and that is so simple, mistakes cannot occur. It requires no addition of milk. It has the advantages, and none of the disadvantages, of the many foods now in the market, and forms a nearly physiological substitute for mother's milk.

Very truly,
St. Paul, June 1, 1886. C. F. Denny.

The Edinburgh Medical Journal, says:—

Of late there has been a great influx of new drugs, some of great value, others of little or no use. The following is one which has been used for some time by my colleague (Dr. Proudfoot) and myself, and I give the results:—

Bromidia.—About eighteen months ago a friend of mine from America, told me of the wonderful effects of a medicine, much used in the States, called Bromidia. According to the makers, it is composed of chloral hydrate, fifteen grains; potassium bromide, fifteen grains; extract of cannabis indica, one-eighth grain; and extract of hyoscyamus one-eighth grain. I obtained some, and have ordered it regularly for over a year, and have found it excellent in the pain of rheumatism, pneumonia, and cancer; also in the sleeplessness of scarlatina, and alcoholism. It has never failed me in procuring sleep, without the disagreeable dreams and after effects of opium. The dose is ℥ss to ℥j every hour till sleep is procured. I have also found it of much service in cases of tonsillitis, used as a gargle with glycerine and carbolic acid.

J. Lindsay Porteous, M. D., F. R. C. S., M. R. C. P., Ed.

Superiority Maintained.

The testimony as to the value of pepsin is overwhelming. Flint says: "The principle on which it is employed, viz., to supply a deficient element to the gastric juice entitles it to be considered as a remedy of the highest value, and experience accords it the same position." Cummins says he has seen so many apparently hopeless cases in infants recover under its use, that he never recommends a wet nurse, but relies on artificial food, the digestion of which is aided with pepsin. On the other hand, there are physicians not a few who have almost given over its use, since they are unable to attain any benefit from it. The difficulty is they have employed only the worthless imitations with which the country is flooded. To such we cordially commend Jensen's Crystal Pepsin in all cases of imperfect digestion, debility, etc. We speak from personal experience when we say that its use is most satisfactory. Unfortunately it has been grossly counterfeited, but that is really but another testimonial to its worth. Its purity and solubility, and its great solvent power upon albuminoids, inspired physicians to try it as a solvent for diphtheritic membrane, and also coagulated blood in the bladder, in both instances with decided effect. We have also known of its being injected into the substance of malignant growths, which could not be extirpated, with the apparent result of greatly retarding their growths. It is without the usual odor and taste of pepsin, which is so offensive to many, and, beside the usual form, is put up in tablets containing each two and a half grains. We find these an admirable form for its administration.—*Mass. Medical Journal.*